

Case Number:	CM13-0043431		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2005
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder and hip pain reportedly associated with an industrial injury of November 7, 2005. The applicant's case and care have been complicated by a comorbid salivary gland tumor apparently requiring chemotherapy. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of occupational therapy; a home electrical muscle stimulator; topical agents; unspecified amounts of physical therapy; and prior rotator cuff repair surgery. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for access to indoor aquatic therapy and referral to specialists in "disasters" of the hip and knee. The applicant's attorney subsequently appealed. In a November 22, 2013 note, it is stated the attending provider would like 12 to 18 sessions of aquatic therapy to try and increase the applicant's shoulder strength. The applicant is status post deltoid nerve surgery. He still has weakness about injured shoulder. There is some atrophy about the deltoid muscle. It is stated that the applicant may ultimately require total shoulder arthroplasty in future. The applicant's work status is not detailed. An earlier note of August 9, 2013 is notable for comments that the applicant has limited shoulder range of motion. The applicant is encouraged to do swimming on his own and exercise if his claims administrator will not pay for the same. The applicant is described as disabled and unable to return to his former job. An earlier note of January 31, 2013, is notable for comments that the applicant has had three prior hip surgeries and has ongoing issues associated with the hip. It is stated that the applicant has had a history of multiple hip dislocations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Access to indoor aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Low Back, Thoracic and Lumbar (Acute & Chronic.)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines section on Aquatic Therapy Page(s): 22.

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, aquatic therapy is recommended as an optimal form of exercise therapy in those applicants, who are unable to participate in land-based therapy and/or land-based exercises. In this case, however, there is no evidence or suggestion that the applicant is unable to participate in land-based therapy and/or land-based exercise. The applicant is seemingly independently ambulatory. The bulk of the applicant's pathology relates to the shoulder. It is unclear why the applicant cannot perform land-based therapy and/or land-based exercises. Insofar as the injunction to provide the applicant with access to a pool, the ACOEM Guidelines in chapter 5 state that applicants must adhere to and maintain exercise and medication regimen of their own accord. This is considered a matter of applicant responsibility as opposed to a matter of payer responsibility, per ACOEM Guidelines. Therefore, the proposed access to an indoor aquatic therapy pool is not medically necessary and appropriate

Referral to specialist in disorders of the hip and knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (second edition), Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 1.

Decision rationale: As noted on Page 1 of the MTUS Chronic Pain Guidelines, the attending provider should reconsider the operating diagnosis and determine if a specialist evaluation is necessary in those applicants with persistent complaints that prove recalcitrant to conservative management. In this case, the applicant does seemingly have longstanding hip issues and is status post multiple hip surgeries and multiple hip dislocations. Consulting a hip specialist or hip surgeon to further evaluate the same is indicated and appropriate.