

Case Number:	CM13-0047536		
Date Assigned:	12/27/2013	Date of Injury:	08/30/2010
Decision Date:	04/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 expert 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 patient is a 48-year-old female who reported an injury on 08/30/2010 after she pulled a pallet of bakery items, which reportedly caused injury to her shoulder and back. The treatment history has included physical therapy, medications, activity modifications, aquatic therapy, and right shoulder surgery. The patient's most recent clinical evaluation of the right shoulder documented that there was a well-healed incision with no swelling or tenderness, range of motion described as 150 degrees in forward flexion, 150 degrees in abduction, 50 degrees in external rotation, and internal rotation to the L3 level. The tenderness over the medial scapulothoracic bursa was noted with slight tenderness over the acromioclavicular joint with positive cross arm testing. The patient also had a positive impingement sign, a positive Yergason's sign, and a positive Speed's test with pain with range of motion. The patient's diagnoses included status post right shoulder paralabral cyst and subscapularis tendon debridement and SLAP tear repair, right biceps tenosynovitis, right subacromial impingement, and right scapulothoracic bursitis. The patient's treatment plan included additional aquatic therapy with transition into a home exercise program. The patient's most recent physical therapy documentation noted that the patient had plateaued with physical therapy, but would benefit from aquatic therapy to improve exercise tolerances and range of motion performance. A request was made for 8 physical therapy aquatic therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT(8) PHYSICAL THERAPY(AQUATIC THERAPY) SESSIONS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22, 98-99.

Decision rationale: Eight (8) physical therapy (aquatic therapy) sessions for the right shoulder are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require a non-weight-bearing environment while participating in active therapy. The clinical documentation submitted for review does indicate that the patient has had up to 15 visits for this injury and has plateaued in land-based physical therapy. California Medical Treatment Utilization Schedule recommends up to 8 visits to 10 visits for patients with myofascial pain. The clinical documentation submitted for review does indicate that the patient has already received 15 physical therapy visits. This is well in excess of California Medical Treatment Utilization Schedule recommendations. As there is no support that the patient requires a non-weight-bearing and the patient has already exceeded the recommendations made by California Medical Treatment Utilization Schedule and there are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations, additional physical therapy would not be supported. As such, the requested eight (8) physical therapy (aquatic therapy) sessions for the right shoulder are not medically necessary or appropriate.