

Case Number:	CM13-0055695		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2011
Decision Date:	03/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice 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 patient is a 56-year-old male who reported an injury on 11/16/2011, secondary to repetitive lifting. The patient is diagnosed with right shoulder sprain and strain, status post right shoulder surgery and cervical spine sprain and strain. The patient was seen by [REDACTED] on 10/08/2013. The patient reported ongoing right shoulder and cervical spine pain. Physical examination revealed tenderness to palpation and decreased range of motion of the cervical spine and right shoulder. Treatment recommendations included a trial of aquatic therapy 2 times per week for 6 weeks for the right shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the right shoulder (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS/ACOEM Practice Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. As per the documentation submitted, the patient's physical examination

only revealed tenderness to palpation with decreased range of motion. There is no indication that this patient requires reduced weight bearing as opposed to land-based physical therapy. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.