

Case Number:	CM13-0062907		
Date Assigned:	01/15/2014	Date of Injury:	05/09/2010
Decision Date:	04/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 56-year-old male who sustained a right shoulder injury when he broke his fall after tripping over a chair while being chased by a traumatic brain injured patient on May 9, 2010. Since then, he has had continuous moderate pain due to bicipital tenosynovitis, rotator cuff sprain and strain. He has undergone both arthroscopic shoulder debridement and bone shaving.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY PERFORMED AT GYM OR ██████: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land- based physical therapy as it can minimize the effects of gravity. It is specifically recommended where reduced weight bearing is desirable as it improves some components of health-related quality of life. As the patient has the diagnosis of bicipital tendonitis and the shoulder girdle is not a weight-bearing joint required for locomotion or upright positioning, I find the request has no merit and is not medically necessary.

