

Case Number:	CM14-0004354		
Date Assigned:	02/05/2014	Date of Injury:	07/10/2012
Decision Date:	06/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 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 50-year-old male who has submitted a claim for lumbar sprain/strain, status post right shoulder arthroscopy with right carpal tunnel release associated with an industrial injury date of July 10, 2012. Medical records from 2013 were reviewed showing the patient having right shoulder pain grade 3-4/10. There was improvement after undergoing shoulder arthroscopy. There right shoulder pain increased with certain movements. Physical examination showed mild tenderness on the acromioclavicular joint. There is full range of motion with discomfort on circumduction. Imaging studies were not made available. Treatment to date has included medications, physical therapy, physiotherapy, acupuncture, and aqua therapy. Utilization review, dated December 13, 2013, denied the request for Aquatic therapy 2x8 visits, right shoulder because there is no evidence of body habitus issues such as significant obesity that would substantiate the need for such treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2X8 VISITS RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY, 22

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

Decision rationale: As stated on pages 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, the patient previously had 16 sessions of aquatic therapy from December 6, 2013 to January 28, 2014. However, a comprehensive and detailed documentation of the overall progress and measurable functional gains were not reported. There is no indication of a failed land-based therapy and inability to tolerate a gravity-resisted program. Moreover, there is no documentation regarding body mass index that may warrant water-based therapy. Therefore, the request for AQUATIC THERAPY 2X8 VISITS RIGHT SHOULDER is not medically necessary.