

Case Number:	CM14-0102862		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2012
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 45-year-old male who reported an injury on 07/02/2012. The mechanism of injury was not provided for clinical review. The diagnoses included right shoulder pain, right shoulder impingement syndrome, right shoulder moderate partial grade rotator cuff tear, and status post right shoulder arthroscopic decompression on 04/10/2014. Previous treatments included physical therapy, medication and surgery. Within the clinical note dated 06/02/2014, it was reported the injured worker stated he was doing well. The injured worker reported completing physical therapy for the right shoulder. On physical examination, the provider noted the right shoulder had 150 degrees of forward flexion and 150 degrees of abduction. The provider noted spasms and stiffness in the lumbar spine with some decreased range of motion. The provider noted the injured worker had improvement in his pain as well as stiffness with the land-based therapy. The provider requested pool therapy for the lumbar spine. However, the request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Physical Therapy times 12 for Lumbar Spine: Upheld

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

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

Decision rationale: The request for pool therapy times 12 for the lumbar spine is not medically necessary. The injured worker reported overall doing well after completion of physical therapy for the right shoulder. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy including swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. There is lack of documentation indicating the injured worker had a condition for which reduced weight-bearing is desirable. There is a lack of documentation of motor deficits of the lower extremity. The clinical documentation submitted indicated the injured worker had improvement with land-based therapy. However, the request is not medically necessary.