

Case Number:	CM14-0103123		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2012
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
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 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 underlying date of injury in this case is 04/09/2012. The patient's treating diagnoses include left shoulder rotator cuff tear, left shoulder impingement syndrome, and left shoulder synovitis. The patient was seen in physician follow up 05/08/2014 and was noted to be status post left shoulder arthroscopy with decompression and mini open rotator cuff repair. The patient was noted to have been exercising in a friend's pool but lost access to that when the friend moved. The patient wishes to do water therapy and wishes to exercise at a wellness center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership x 6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder; Physical Therapy (PT) & Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an independent home rehabilitation program. The medical records do not provide a rationale at this

time as to why this patient's rehabilitation goals require a gym membership or a pool as opposed to an independent home rehabilitation program. This request is not supported by the guidelines. This request is not medically necessary.

Aquatic Therapy x 6 Months: 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.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on aquatic therapy states that this is an optional form of exercise therapy as an alternative to land-based therapy. The medical records do not provide a rationale at this time as to why this patient would require such aquatic therapy as opposed to land-based therapy, particularly independent home-based land therapy. At this time, this request is not supported by the treatment guidelines. This request is not medically necessary.