MAXIMUS Federal Services

Case Number:	CM14-0107051		
Date Assigned:	08/01/2014	Date of Injury:	10/17/2011
Decision Date:	09/22/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 48-year-old male who reported an injury on 10/17/2011. Reportedly while working as a janitor, he sustained injuries to his shoulders, right elbow, right forearm, right hand and fingers. The injured worker's family history included x-rays, surgery, medications, physical therapy, EMG/ NCV study, chiropractic therapy, and acupuncture sessions. The injured worker was evaluated on 07/17/2014, and it was documented the injured worker complained of status post right shoulder arthroscopy with residual pain 5/10 to 6/10, burning left shoulder pain and muscle spasms, status post -surgery of the right shoulder and elbow with residual pain, 5/10 to 6/10, numbness, tingling to the hand, ring, and small finger, burning right hand and fingers 5/10, weakness, numbness, and tingling of the hand and fingers. The injured worker stated that symptoms persist, but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. The pain was elevated by activity restrictions. Objective findings of the bilateral shoulder examination revealed well healed surgical incisions over the right shoulder, tenderness at the rotator cuff tendon attachment sites, AC joint, and subacromial space, trapezius, rhomboid and levator scapular muscles, arthritis over the AC joint, decreased range of motion of the right shoulder, full range of motion on the left, positive Neer's impingement sign, Kennedy Hawkins, speed test. Right elbow examination: Well healed portal incisions of approximately 2 inches over the right elbow, tenderness over the right olecranon, decreased range of motion, positive Cozen's sign, and Tinel's elbow. Right hand/finger examination revealed tenderness over the carpal bones, ring, and small fingers. Sensation decreased in the bilateral upper extremities. Motor strength was 4/5 in the bilateral upper extremities. Medications included Dicopanol, Deprizene, Fanatrex, Synapryn, and Tabradol. Diagnoses included status post arthroscopy of the right shoulder, bilateral shoulder rotator cuff tear, bilateral shoulder pain, right elbow pain, status post fracture of right olecranon, status post right elbow surgery, right hand contusion, and right

hand pain. Within the documentation submitted, the injured worker had 6 weeks of physical therapy, and it was noted that the injured worker stated he feels better mobility and strength, but continued to experience pain with any range shoulder mobility, and also feels moderate to max fatigue after a therapy exercise program. The injured stated pool physical therapy provides good intensity, feels most soreness the day after treatment sessions. The Request for Authorization or a rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aquatic Therapy for the RIght Shoulder at the frequency of Two Time a Week for Six Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22& 99.

Decision rationale: The request for 12 sessions of aquatic therapy for the right shoulder at the frequency of two times a week for six weeks is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. It was noted that the injured worker had 6 weeks of prior sessions of physical therapy and aquatic therapy sessions; however, there was lack of documentation provided on the outcome measure and functional improvement. There was lack of documentation on the injured worker's outcome of conservative care such as pain medication management or home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goal for functional improvement. The request submitted for the aquatic therapy exceeds the recommended amount of visits per the guidelines. Given the above, request for 12 sessions of aquatic therapy for the right shoulder at the frequency of two times a week for six weeks is not medically necessary.