

Case Number:	CM14-0107694		
Date Assigned:	08/01/2014	Date of Injury:	06/01/1993
Decision Date:	09/15/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/11/2014

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 Texas. 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:

Medical records reflect the claimant is a 61 male with a work related injury dated 4-10-00. The claimant has a history of reconstructive spine surgery with development of spinal cord Brown Sequard syndrome. The claimant has bilateral rotator cuff tears, history of osteomyelitis, surgical debridement of his lower extremity and a history of intramuscular lipoma on the left shoulder. The claimant has been treated with over 100 physical therapy visits reported. The claimant has continued with right shoulder pain increase. Continued physical therapy land and aquatic is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Land Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and shoulder chapters - physical therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that generally physical therapy is indicated but one should allow for fading of treatment frequency (from up to 3 visits

per week to 1 or less), plus active self-directed home Physical Medicine. This claimant has had significant physical therapy and should be able to transition at this time to a home exercise program based on the significant physical therapy he has had in the past. There is also an absence in documentation noting functional improvement with the physical therapy and he continues with increasing pain complaints. There is an absence of functional improvement with physical therapy. Therefore, this request is not medical necessary.

12 pool therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that aquatic therapy is recommended 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. It is further noted that regular exercise and higher intensities may be required to preserve most of these gains. This claimant has increasing pain complaints to the shoulders for which aquatic therapy is not indicated. Therefore, the medical necessity of this request is not established.