

Case Number:	CM14-0111168		
Date Assigned:	09/16/2014	Date of Injury:	03/07/2013
Decision Date:	11/13/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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:

Injured worker is a male with date of injury 3/7/2013. Per orthopedic surgeon progress note dated 6/18/2014, the injured worker is seen for follow up of his right shoulder open rotator cuff repair with allograft on 3/14/2014. He believes he has made some progress. His current progress results from both physical therapy and self-directed exercise. He suffers a great deal of deconditioning from his physically demanding work and a minor twist the other day caused the sudden onset of non-radiating low back pain. He has started a hydrotherapy program to strengthen the shoulder and improve conditioning of his lower back. He believes his function has improved. He sleeps poorly. He continues to require up to two Norco tablets per day. On examination his left sided lower back is tender. His lumbar spine extends 30 degrees and flexes to within 14 inches of toe touch (or 45 degrees). His shoulders have no visible deformities. His left shoulder has normal range of motion. His right shoulder has a 40% loss of passive rotation and 5% loss of passive abduction. Active motion is decreased by about one third. Strength is reasonably good to resisted abduction and external rotation. Diagnosis is status post rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Exercise Program 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99, Postsurgical Treatment Guidelines Page(s): 27. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy; Low Back (updated 07/03/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy section, Physical Medicine section Page(s): 22, 98, 99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The requesting physician explains that the injured worker requires a program to recondition his body so that he can return to the type of work that he did before his injury. Besides a six month swim program, he is to continue physical therapy as he transitions to self-directed exercise. Per the post-surgical treatment guidelines, the post-surgical physical medicine treatment period is 6 months, so the injured worker is still in this period. The number of physical therapy sessions provided to date is not reported. The injured worker is reported to need conditioning, but it appears that he is participating in land based therapy and home based therapy without any noted difficulty. Medical necessity of this request has not been established. Therefore, the request for Pool Exercise Program 6 months is determined to not be medically necessary.