

Case Number:	CM14-0119114		
Date Assigned:	08/06/2014	Date of Injury:	12/05/2005
Decision Date:	10/07/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Louisiana. 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 patient is a 52 year old female who was injured on 01/19/2010. The mechanism of injury is unknown. Prior treatment history has included 18 visits of aqua therapy which was beneficial for her. There are no diagnostic studies available for review. Progress report dated 05/19/2014 states the patient presented for a follow-up examination. She was recommended for 12 sessions of aqua therapy and an updated MRI of the left shoulder. It is noted that the patient has been approved for 12 visits of physical therapy and gym membership for 3 months. On examination of the left shoulder, abduction is 0 to 90 degrees; extension is 0 to 80 degrees; flexion is 0 to 90 degrees; external rotation is 0 to 70 degrees; and internal rotation is 0 to 70 degrees. Prior utilization review dated 07/01/2014 states the requests for MRI left shoulder; and Aqua therapy to the low back, 3 times a week for 4 weeks, 12 visits are not certified as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines indicate that for patients with limitation of activity after four weeks and unexplained physical findings, such as effusions or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Based on prior findings from MRI's and no recent supporting documentation of changes in findings of positive provocative signs or instability, the requested is not medically necessary at this time.

Aquatherapy to the low back, 3 times a week for 4 weeks, 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, recommends Aquatic Therapy for individuals who have medical issues that limit their ability to perform weight bearing exercise. Based on the supporting documentation, there have been no progressions or documental functional improvement with any prior forms of therapy to suggest Aquatic Therapy will be beneficial in this case therefore, this is not medically necessary.