

Case Number:	CM14-0160129		
Date Assigned:	10/03/2014	Date of Injury:	10/28/2011
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 35 year old female with a date of injury on 10/18/2011. Records dated 5/7/2014 documents that the injured worker underwent a magnetic resonance (MR) arthrogram left shoulder and results demonstrated (a) Old Hill-Sachs deformity associated with Bankart lesion, compatible with history of anterior shoulder dislocation. There is evidence of prior labral repair. The glenohumeral joint currently anatomic. (b) superior labrum anterior posterior (SLAP) lesion. (c) thickening and signal alteration of the inferior glenohumeral joint capsule, which may be seen with adhesive capsulitis; and (d) no evidence of full-thickness rotator cuff tear. A magnetic resonance imaging (MRI) of the left shoulder dated 5/15/2014 demonstrated (a) there are postoperative changes from anteroinferior labral repair, (b) there is irregularity of the glenoid and repaired labrum but no recurrent tear is evident. Superiorly, there is congenital sublabral forament present. No superior labral tear of biceps anchor tearing is evident. (c) posteriorly, there is a small rent/defect within the posterior capsule which becomes more prominent with a large amount of contrast placed in the joint and the contrast extends beyond the defect in the capsule and extends along the infraspinatus fossa, down the posterior body of the scapula. And (d) capsulosynovial thickening is noted consistent with adhesive capsulitis. Operative records dated 8/18/2014 documents that she underwent left shoulder arthroscopy with capsular release. Most recent records dated 8/22/2014 documents that the injured worker still complained of left shoulder pain. She was 4 days status post arthroscopy of the left shoulder with lysis of adhesion, capsular release, hardware removal and manipulation under anesthesia. She has been doing well and was having decreasing pain each day. She was no longer using ultrasling. She reported that she was doing therapy and noted some oozing from the anterior portal and became nervous. Objective findings indicate there was mild drainage over the anterior portal. There is mild expected swelling and minimal bruising. She is diagnosed with (a) status post surgical

arthroscopy of the left shoulder with lysis adhesion, capsular releases, hardware removal and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 left shoulder: Upheld

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

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

Decision rationale: Evidence-based guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy and as an alternative to land-based physical therapy. In this case, the injured worker has received a total of 18 sessions of land-based physical therapy and noted some improvements; however, she continued to experience pain. Guidelines specifically indicate that aquatic therapy can be used in order to minimize the effects of gravity as well as reduced weight bearing and this is not applicable to the current clinical presentation of the injured worker as records do not indicate that she cannot tolerate land-based therapy. Thus, the medical necessity of the requested Aquatic Therapy 2x6 left shoulder is not established.