

Case Number:	CM14-0178124		
Date Assigned:	10/31/2014	Date of Injury:	10/02/2012
Decision Date:	12/26/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal 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:

The injured worker (IW) is a 67-year-old man with a date of injury of October 2, 2012. The mechanism of injury was a motor vehicle accident. The injuries sustained were to the bilateral shoulders, arms, and neck. The IW is status post right shoulder debridement, and rotator cuff repair March 27, 2014. The IW complains of right shoulder pain, constant rated 8/10. The IW reports that range of motion has improved but the pain is constant. Left shoulder pain is intermittent, rated 6/10 and aggravated by reaching overhead. The IW would like to try acupuncture or aquatic therapy. Objective physical findings revealed right shoulder incisions look good, no erythema or drainage. Flexion is 135 degrees. The IW has been diagnosed with disc protrusion, cervical; facet arthropathy, cervical; facet hypertrophy, cervical; muscle spasms, cervical; foraminal narrowing, cervical; bursitis, bilateral shoulders; impingement syndrome, left shoulder; rotator cuff tear, left; left AC joint arthrosis; status post right shoulder surgery; and loss of sleep. Current medications include Naproxen, Methoderm ointment, Prilosec, and Ultram. The provider is recommending aquatic therapy 2 to 3 times a week for 6 weeks to the cervical spine and bilateral shoulders. It is unclear if the IW has participated in therapy in the past. The IW participates in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2-3 visits per week x 6 weeks (12-18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 8/27/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Aquatic therapy 2 to 3 times per week for six weeks (12 to 18 sessions) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. In this case, the injured worker is 67 years old date of injury October 2, 2012. The injuries sustained or to the shoulders bilaterally, arms and neck. An MRI (poor quality) dated December 6, 2012 was performed. There was a disc herniation at C4 - C5 with some stenosis at C5 - C6. Aquatic therapy, however, is not indicated because the injured areas are non-weight bearing. There is no advantage to aquatic therapy over land-based therapy when dealing with non-weight bearing anatomical regions. The working diagnoses are disc protrusion cervical, facet arthropathy cervical, foraminal narrowing cervical, bursitis bilateral shoulder, impingement syndrome left shoulder, rotator cuff tear, left acromioclavicular joint arthrosis, and was asleep. Consequently, aquatic therapy 2 to 3 times per week for six weeks (12 to 18 sessions) is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, aquatic therapy 2 to 3 times per week for six weeks (12 to 18 sessions) is not medically necessary.