

Case Number:	CM14-0178741		
Date Assigned:	11/03/2014	Date of Injury:	10/01/2012
Decision Date:	12/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopedic Surgery 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:

This is a 63-year-old female with a 10/1/12 date of injury, when she injured her right shoulder due to repetitive overhead tasks. The patient underwent rotator cuff reconstruction surgery on 7/23/13. The patient was seen on 10/6/14 with complaints of pain and reduced motion of the right shoulder and pain in the cervical spine. Exam findings of the cervical spine revealed spasm, tenderness to palpation and pain with motion, radiating down to the right upper extremity. The examination of the right shoulder revealed point tenderness upon palpation of the rotator cuff and significant pain with motion. The range of motion of the right shoulder was: flexion and abduction 90 degrees and internal and external rotation 30 degrees. The sensation was decreased over the right thumb, right index finger, right middle finger and dorsal aspect of the right hand. The diagnosis is status post right shoulder surgical repair, right frozen shoulder with tendinitis and cervical radiculopathy. Treatment to date: rotator cuff surgery, 48 postoperative PT sessions, 12 PT sessions, work retractions and medications. An adverse determination was received on 9/25/14 given that there was a lack of adequate rationale indicating the medical necessary for an aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 3 Times A Week for 4 Weeks to The Neck and Right Shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However there is a lack of documentation indicating that the patient needed reduced weight-bearing therapy and there is no rationale with regards to the necessity for an aqua therapy for the patient. In addition, the progress notes indicated that the patient accomplished total of 60 PT sessions including postoperative PT. Lastly, given the patient's surgery over a year ago, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Aquatic Physical Therapy 3 Times A Week for 4 Weeks to The Neck and Right Shoulder is not medically necessary.