

Case Number:	CM14-0045827		
Date Assigned:	07/02/2014	Date of Injury:	01/10/2007
Decision Date:	09/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Interventional Spine 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 patient is a 63 year old with an injury date on 1/10/07. Patient complains of moderate left shoulder pain, moderate/improving cervical pain, and mild lumbar pain per 3/19/14 report. Patient is currently taking Xanax, Prilosec, and Norco per 3/19/14 report. Based on the 3/19/14 progress report provided by [REDACTED] the diagnoses are: 1. left shoulder rotator cuff tear. 2. left shoulder post traumatic arthrosis of the AC joint. 3. right shoulder rotator cuff tear. 4. right shoulder post traumatic arthrosis of the AC joint. 5. severe shoulder pain with limited range of motion bilaterally, industrial. 6. s/p ACDF at C5-6 and C6-7, industrial. 7. s/p lumbar L4 through S1 decompression fusion, industrial. 8. anxiety and depression, industrial. 9. insomnia, industrial. Exam on 3/19/14 showed "left shoulder range of motion is reduced, especially abduction at 60/180 degrees." [REDACTED] requesting pool and land physical therapy to the left shoulder 3x6 or 1x6. The utilization review determination being challenged is dated 4/7/14 and modifies request to 12 sessions due to lack of documentation of obesity. [REDACTED] is the requesting provider, and he provided treatment reports from 3/3/14 to 3/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and Land Physical Therapy to the Left Shoulder 3 x 6 or 1 x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: This patient presents with left shoulder pain, neck pain, back pain and is s/p left shoulder arthroscopic rotator cuff repair and subacromial decompression from 3/7/14. The treater has asked for pool and land physical therapy to the left shoulder 3x6 or 1x6 on 3/19/14. Review of the reports show that patient has not had any recent physical therapy sessions. Per 3/3/14 report, patient is 4 foot 10 inches tall and weighs 166 pounds, and the same report gives a diagnosis of osteoporosis. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Regarding rotator cuff syndrome/Impingement syndrome, MTUS postsurgical guidelines allows for 24 visits over 14 weeks within 6 months of surgery. In this case, the patient is less than a month post left shoulder arthroscopic surgery, has not had any physical therapy sessions, and has a history of osteoporosis and failed back surgery. The request for 18 aquatic/land physical therapy sessions is within MTUS guidelines and appears reasonable for this type of condition. Recommendation is for authorization.