

Case Number:	CM14-0060394		
Date Assigned:	07/09/2014	Date of Injury:	03/29/2012
Decision Date:	08/14/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 44-year-old female who reported an injury on 03/29/2012 due to a slip and fall while assisting a blind, confused resident. The injured worker had a history of right shoulder pain, back pain, and neck pain. The injured worker had a diagnosis of right rotator cuff tear with status post rotator cuff repair on 03/07/2014. Diagnostics included MRI of unknown date, x-rays of unknown date. Past treatments included physical therapy, rest, non-steroidal anti-inflammatory drugs, thermacooling for post pain and trigger points to the left shoulder. The post-operative clinical note dated 03/19/2014 did not address objective findings. The medication included aspirin and Neurontin. The treatment plan includes aquatic therapy 2 times a week to the right shoulder. Request for Authorization was 04/03/2014. The only rationale given for the request for the aquatic therapy was that it would benefit the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times a week for 6 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines-Shoulder Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines-aquatic therapy.

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy and can be an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it specifically recommended where reduced weightbearing is desirable, for example in extreme obesity. The recommended postsurgical treatment for the rotator cuff repair is 24 visits over 14 weeks. The documentation did not indicate when the injured worker had physical therapy or the results of the physical therapy. Per the clinical note dated 0319/2014 the injured worker was to complete treatment for range of motion and strengthening for the right shoulder and then begin aquatic therapy; however, there is no documentation to support any treatments post-operatively and/or if the injured worker benefited from the treatments. The clinical note did not support medical necessity for aquatic therapy. As such, the request is not medically necessary.