

Case Number:	CM14-0061359		
Date Assigned:	07/09/2014	Date of Injury:	05/17/2010
Decision Date:	08/13/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old female with a work injury dated 5/17/10. The diagnoses include cervicgia with underlying mild degenerative cervical disk, 2. Stage III impingement right shoulder with underlying supraspinatus tendinopathy and question of partial bursal sided attrition, now status post sub pectoral bicipital tenodesis and arthroscopic debridement as indicated with subacromial decompression on 01/07/2014, with persistent capsulitis, history of carpal tunnel syndrome and history of myofascial pain syndrome by report. There is a 5/21/14 physician document that states that the patient feels that she is still having difficulty raising her arm from side. She has not been approved for any formal therapy. She continues to have moderate aching discomfort which is persistent along the superior aspects of the right shoulder with occasional paresthesias again in fourth and fifth fingers of her right hand by report. On exam she shows increased tone throughout the cervical paraspinal musculature. There is no gross focal point tenderness or spasm. Active forward flexion is improved to 130 degrees, abduction to 110 degrees, external rotation 50 degrees with positive impingement signs with no Tinel's overlying the cubital tunnel. No gross intrinsic atrophy in the right hand. The treatment plan states that the patient will continue with the TENS unit. She will continue with pool exercises on her own and would benefit from course of dry land physical therapy since she has persistent cervicgia. There is a 4/30/14 document that states that the patient requires therapy due to evidence of underlying capsulitis in the right shoulder, which is not unusual postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (pool PT) 1-2 x a week for 4-6 weeks-right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. 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. The MTUS Postsurgical Guidelines recommend up to 24 physical therapy visits for the patient's surgical condition with an initial trial and further therapy based on evidence of functional improvement. In this case, there is no clear documentation of objective functional improvement from prior aquatic therapy. There is no clear reason why he needs aquatic over land based therapy. Furthermore, there are no extenuating factors that would warrant additional therapy exceeding that of the MTUS Guidelines. Therefore, the request for aquatic therapy (pool physical therapy) 1-2 times a week for 4-6 weeks-right shoulder is not medically necessary and appropriate.