

Case Number:	CM14-0068942		
Date Assigned:	06/27/2014	Date of Injury:	05/10/2010
Decision Date:	07/28/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 underlying date of injury in this case is 05/10/2010. This patient's diagnosis is status post right shoulder arthroscopic surgery for rotator cuff repair and subacromial decompression x2 with residual symptoms. The patient also has been diagnosed with right medial epicondylitis, a right elbow strain, a right wrist sprain, and a cervical sprain. On 01/16/2014, the primary treating physician's follow-up note indicates the patient had pain in the right shoulder and the left wrist. The patient had particularly noticed an increase in pain in the left shoulder and thus was favoring the right shoulder. On exam, the patient was felt to be making good progress with strength and range of motion of the right shoulder gradually improving and expected to soon reach maximum medical improvement. The treating provider recommended aquatic therapy due to decreased range of motion and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98, 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Physical Medicine recommends transition to active independent home physical medicine. These same guidelines section on Aquatic Therapy, page 22, recommends aquatic therapy as an alternative to land-based therapy. The medical records in this case do not provide a rationale or indication as to why this injured worker would require supervised as opposed to independent rehabilitation in the time frame under evaluation. Moreover, the records do not clearly provide a rationale for aquatic rather than land-based therapy. Overall, the medical records and guidelines do not support this request. This request is not medically necessary.