

Case Number:	CM14-0070096		
Date Assigned:	07/14/2014	Date of Injury:	07/26/2011
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family Medicine 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 45 year old female patient who reported an industrial injury to the left shoulder on 7/26/2011, over three years ago, attributed to the performance of her job tasks reported as falling off a stool. The patient subsequently underwent left shoulder arthroscopy with SAD, acromioplasty, extensive debridement of labrum and undersurface rotator cuff tear with repair rotator cuff on 12/14/2012. The patient underwent MUA as part of the postoperative rehabilitation. The patient received substantial number of sessions of postoperative rehabilitation physical therapy directed to the postoperative shoulder. The patient received a corticosteroid injection to the left shoulder on 2/25/2014. The patient was assessed as having reached maximum medical improvement on 07/2014. The patient continues to complain of left shoulder, neck and upper back pain radiating to the left upper extremity. The patient is prescribed Celebrex, cyclobenzaprine, Norco, omeprazole, and tramadol. A MRI arthrogram dated 3/10/2014 documented evidence of fraying of the supraspinatus and infraspinatus tendons without tear and a coracohumeral ligament low intensity signal. The patient has received substantial physical therapy chiropractic care without documented sustained functional improvement. The patient was prescribed eight sessions of aquatic therapy directed to the postoperative left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Aquatic Therapy Sessions for the Left Shoulder between 5/5/2014 and 6/19/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Chapter 9 page 203-04; updated back chapter 4/2008- page 94 Official Disability Guidelines (ODG) Shoulder section---physical therapy; exercises.

Decision rationale: There was no clinical documentation to support the medical necessity of additional sessions of PT as aquatic therapy over the recommended self directed home exercise program for the post operative shoulder treatment of the patient. The patient is 21 months status post left shoulder rotator cuff repair and SAD. The patient received 24+ sessions of postoperative rehabilitation therapy to the postoperative shoulder. The patient subsequently underwent MUA with additional rehabilitation PT. The patient presently should be in a self directed home exercise program for additional conditioning and strengthening. There is no objective evidence provided by to support the medical necessity of additional PT beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP. There is no evidence that the patient is unable to perform land based exercises. The request for aquatic therapy has significantly exceeded the number of sessions of PT recommended by the CA MTUS and should be integrated into a self directed home exercise program for conditioning and strengthening. There is no demonstrated medical necessity of additional pool therapy over the recommended self directed HEP. The requesting physician has provided no objective findings on examination to support the medical necessity of physical therapy over a self directed home exercise program as he has documented improved strength and ROM since the last visit. The recent objective findings on examination document significant improvement in ROM and strength. The request for PT was for conditioning and strengthening which can be accomplished in a self-directed home exercise program as the patient is well aware of the necessary exercises. The patient has exceeded the CA MTUS recommended time period for post operative PT. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of post operative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair. The CA MTUS recommended sixteen (16) sessions of PT for the rehabilitation of the right shoulder s/p MUA. The patient is noted to be doing well with almost normal ROM and only weakness. The request for additional physical therapy over the recommended home exercise program is supported by objective evidence to support medical necessity. The patient has obtained more than the number of sessions of PT recommended by the CA MTUS for the post operative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP.