

Case Number:	CM14-0072712		
Date Assigned:	07/16/2014	Date of Injury:	02/01/2003
Decision Date:	08/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 2/1/03 date of injury and status post right shoulder arthroscopy and subacromial decompression on 6/20/13. At the time of request for authorization for Aquatic Therapy, 12 visits, there is documentation of subjective (constant right shoulder pain) and objective (decreased right shoulder range of motion) findings. The current diagnoses are right shoulder pain and dysfunction, right shoulder full thickness rotator cuff tear, right shoulder impingement, right shoulder AC joint arthrosis, and status post right shoulder arthroscopy. The treatments to date are right shoulder surgery, postoperative physical therapy sessions, right shoulder steroid injection, and medications. In addition, medical report plan identifies start aquatic therapy 2 times a week for 6 weeks. There is no documentation of a condition/diagnosis where reduced weight bearing is desirable such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) visits of Aquatic Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. In addition, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right shoulder pain and dysfunction, right shoulder full thickness rotator cuff tear, right shoulder impingement, right shoulder AC joint arthrosis, and status post right shoulder arthroscopy. In addition, there is documentation of a plan identifying to start twelve aquatic therapy sessions. However, there is no documentation of a condition/diagnosis where reduced weight bearing is desirable. In addition, the proposed number of aquatic therapy sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for twelve visits of aquatic therapy is not medically necessary.