

Case Number:	CM14-0074964		
Date Assigned:	07/16/2014	Date of Injury:	10/17/1970
Decision Date:	10/20/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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 Occupational 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:

The patient is a 65 year old male who was injured on 10/17/1970. There was no mechanism of injury documented. The patient underwent left shoulder arthroscopy on 01/14/2001. According to the UR, the patient was seen on 08/05/2013 for right shoulder complaints. He reported occasional right shoulder pain rated as 2-4/10 as well as left shoulder pain rated as 3-4/10. The patient had positive Spurling's test on exam and motor strength was 5/5 bilaterally except for weakness in the left biceps and triceps. He had a diagnosis of left shoulder subacromial impingement syndrome with weakness in supraspinatus and infraspinatus tendon, and biceps tendinosis and left upper extremity radiculopathy. There were no other updated reports provided for review. This patient has been recommended for aquatic therapy. Prior utilization review dated 05/12/2014 states the request for 1 Swimming Therapy @ [REDACTED] is denied as there was a lack of evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Swimming Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 22,98-99.

Decision rationale: According to MTUS guidelines, 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. For recommendations on the number of supervised visits, see Physical medicine." In this case a request is made for swimming therapy at [REDACTED] for chronic low back pain, chronic left shoulder pain, left shoulder impingement, status post left shoulder arthroscopy on 1/14/01, and left upper extremity radiculopathy for a 65-year-old male injured on 10/17/70. However, medical records do not establish a need for reduced weight-bearing. Guidelines also do not provide for indefinite therapy treatment (the patient apparently has been attending swimming therapy regularly for about ten years). Finally, there is no documentation of significant acute exacerbation or clinically significant functional improvement from prior swimming therapy. Medical necessity is not established.