

<b>Case Number:</b>	CM14-0096053		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/14/2004
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on December 14, 2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 10, 2014, indicate there were ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated a well-developed, well-nourished, appropriate dressed individual in no acute distress. The surgical scars associated with the spinal cord insertion were well-healed. Cervical spine range of motion was decreased. Bilateral shoulder range of motion was decreased, and strength was to be 4/5 bilaterally. Diagnostic imaging studies were not reviewed. Previous treatment included right shoulder surgery (2006), left shoulder surgery (2007) and a spinal cord similar insertion. A request was made for computed tomography (CT) scan and aquatic therapy and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** It is not clear why this study is being requested. There is a diagnosis of bilateral, regional pain syndrome, and there is a history of surgical intervention some years prior. However, when noting the physical exam reported, there is no data presented to suggest any acute or evolving intra-articular pathology of the shoulders. Furthermore, a more appropriate study would be an MRI and CT scan. As such, there is insufficient clinical data presented to support the medical necessity of this request.

**12 sessions of Aquatic Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy. However, there should be a clear clinical reason why traditional land therapy cannot be employed. No such promise is noted in the progress notes presented. Therefore, there is insufficient clinical evidence presented to demonstrate the medical necessity of aquatic therapy over traditional land-based therapies. Therefore, this request is not medically necessary.

**Hand Peddle for Upper Extremity Rehab:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** While it is noted that the injured employee has undergone two separate shoulder surgeries, she has also undertaken a number of sessions of physical therapy in a rehabilitation aspect of this case. There was no clinical indication presented why the exercises that have transitioned to home exercise protocol require such a device as opposed to the more traditional wall crawling and abduction exercise. Therefore, based on the lack of a clinical narrative, there is no evidence presented to support the medical necessity of this request.

**Internal Medicine Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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 7 - Independent Medical Examinations, page 127.

**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 7 - Independent Medical Examinations, page 127.

**Decision rationale:** As noted in the guidelines, a referral to a specialist is supported if the diagnosis is uncertain or extremely complex. Based on the medical records, these criteria were not met. Therefore, when noting the limited clinical information presented for review, there is no basis for this request presented. The medical necessity cannot be ascertained.