

Case Number:	CM14-0121369		
Date Assigned:	08/06/2014	Date of Injury:	12/16/2011
Decision Date:	03/31/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of December 16, 2011. On April 3, 2014, the applicant underwent right shoulder arthroscopy. On July 10, 2014, the claims administrator denied a request for 18 sessions of aquatic therapy. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On April 3, 2014, the applicant did undergo a shoulder arthroscopy, debridement, subacromial decompression, distal claviclectomy, and rotator cuff repair procedure. On May 13, 2014, the applicant's stitches were removed. Aquatic therapy was subsequently endorsed via a handwritten prescription dated June 24, 2014, but no clinical progress notes were attached to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3XWK X 6WKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, AQUATIC THERAPY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Chronic Pain Medical Treatment Guidelines8 C.C.R. 9792.20 - 9792.26.

Decision rationale: 1. No, the request for 18 sessions of aquatic therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, the handwritten prescription of June 24, 2014 made no mention of reduced weight bearing as being desirable here. It was not clearly stated why aquatic therapy is being sought in favor of conventional land-based therapy. The primary body part implicated here was the shoulder. There was no mention of the applicant's having spine or lower extremity issues which would compel reduced weightbearing. Therefore, the request was not medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the post surgical treatment guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 22 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for aquatic therapy, it was therefore invoked.