

Case Number:	CM14-0192225		
Date Assigned:	11/25/2014	Date of Injury:	03/15/2013
Decision Date:	04/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 31-year-old female, who sustained an industrial injury on 3/15/2013. She has reported pain in the left shoulder, status post arthroscopy 2014. The diagnoses have included cervical radiculopathy, shoulder tendinitis/bursitis, wrist tendinitis/bursitis, hand sprain/strain, and shoulder region disorder not elsewhere classified. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and physical therapy. Currently, the IW complains of left shoulder pain and difficulty completing daily activities lifting/pushing/pulling/overhead/and over-the-shoulder activities. Physical examination 12/23/14 documented positive impingement test, positive Hawkins and Neer tests, and 4/5 strength. The plan of care included topical cream, physical therapy/aquatic therapy, and acupuncture treatments. On 10/31/2014, Utilization Review non-certified twelve (12) aquatic therapy sessions for left shoulder, noting the documentation did not support the medical necessity. The MTUS and ODG Guidelines were cited. On 11/17/2014, the injured worker submitted an application for IMR for review of twelve (12) aquatic therapy sessions for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Aquatic therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines shoulder- physical therapy.

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

Decision rationale: 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. The documentation submitted for review does not indicate why aquatic therapy would be recommended over land based physical therapy. As such, medical necessity cannot be affirmed.