

Case Number:	CM15-0001073		
Date Assigned:	01/12/2015	Date of Injury:	03/11/2012
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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, California
 Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 3/11/12. The injured worker reported symptoms in the left foot and back. The diagnoses included rotator cuff sprain, pain in joint, shoulder region and cervicgia. Treatments to date have included right shoulder arthroscopy with rotator cuff repair on 2/18/13, physical therapy, chiropractic treatment, oral pain medications, activity restrictions, and muscle relaxants. PR2 dated 7/17/14 noted the injured worker presents with pain rated at a 5/10 and "weakness and stiffness to the right shoulder, as well as continues to complain of cervical spine pain and limited range of motion". The treating physician is requesting aquatic therapy 12 visits (2 times a week for 6 weeks). The medication list includes Motrin, Vicodin, Soma and Tylenol. The patient has had MRI of the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the right shoulder, 2 times a week for 6 weeks; 12 sessions: Upheld

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

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

Decision rationale: Request: Aquatic therapy for the right shoulder, 2 times a week for 6 weeks; 12 sessions. Per 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. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Aquatic therapy for the right shoulder, 2 times a week for 6 weeks; 12 sessions is not fully established in this patient.