

Case Number:	CM15-0007378		
Date Assigned:	01/29/2015	Date of Injury:	08/27/2012
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 53 year old female sustained an industrial injury on 8/27/12 with subsequent right shoulder and neck pain. The injured worker underwent right shoulder arthroscopy with subacromial decompression, debridement and distal clavicle resection on 7/24/14. Following the procedure, the injured worker began physical therapy. It is unclear how many physical therapy sessions the injured worker received. In a PR-2 dated 11/26/14, the injured worker reported right shoulder improvement. Physical exam was remarkable for tenderness to palpation to the cervical paraspinals, right trapezius muscle and anterior acromial margin. There was range of motion guarding and pain upon cervical spine range of motion. The right shoulder incision was well-healed, without erythema or signs of infection. Current diagnoses included right shoulder pain and dysfunction, right shoulder possible rotator cuff tear, cervical spine strain and right cervical radiculitis. In the most recent physical therapy progress note dated 10/8/14, the physical therapist noted that the injured worker had suffered a setback with respect to pain. The injured worker complained of pain 7-8/10 on the visual analog scale with ongoing joint capsular tightness and pain with use of the right upper extremity above shoulder level. The injured worker had completed three sessions of physical therapy and was scheduled to complete six more. No further physical therapy progress notes were available for review. On 12/19/14, Utilization Review noncertified a request for Aqua Therapy 3xWK x 6Wks Right Shoulder (95851) noting lack of documentation to indicate how much physical therapy the injured worker had previously received and citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3xWK x 6Wks Right Shoulder 95851: Upheld

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

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

Decision rationale: 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007) >. There is no clear evidence that the patient is obese or need have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation of functional benefit from previous therapy sessions. There is no clear objective documentation for the need of aquatic therapy. Therefore the prescription of Aqua Therapy 3xWK x 6Wks Right Shoulder is not medically necessary.