

Case Number:	CM15-0007506		
Date Assigned:	03/17/2015	Date of Injury:	04/13/2012
Decision Date:	04/14/2015	UR Denial Date:	12/15/2014
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 75 year old male who sustained an industrial injury on January 1, 2011. He has reported pain the right shoulder and has been diagnosed with right shoulder, partial rotator cuff tear, mild right C7 radiculopathy, and chronic myofascial pain syndrome, cervical spine. Treatment has included medications and aqua therapy. Currently the range of motion was restricted at the cervical spine. There were multiple myofascial trigger points and taut bands noted throughout the cervical paravertebral, trapezius, levator scapulae, scalene, and infraspinatus muscles as well as the right interscapular area. Spurlings test was positive. The range of motion was restricted in all planes to the right shoulder. The treatment plan included medications and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy consult for home exercise program for neck and right shoulder:

Overtuned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, exercise.

Decision rationale: The ODG notes regarding neck home exercise programs; "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion, and further benefits are available when combined with strength training. For mechanical disorders of the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales." There is documentation in the provided medical record of prior physical therapy, and of difficulty in attending outpatient physical therapy, but no documentation of the initiation/outcomes of a prior home exercise course. So, I am reversing the prior decision and find the request for PT consult for home exercise to be medically necessary.

Daily swimming pool exercise 3 times a week for 6 weeks for neck and right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines states that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided do not indicate any concerns that patient was extremely obese. Additionally, the medical records do not indicate that objective findings of functional improvement from the initial trial of aquatic therapy, which is needed to extend and continue additional therapy. As such, the current request aquatic therapy 3x week for 6 weeks is deemed not medically necessary at this time.

