

<b>Case Number:</b>	CM15-0102768		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 October 4, 2010. The injured worker has been treated for right shoulder complaints. The diagnoses have included chronic right shoulder pain, right shoulder adhesive capsulitis, major depressive disorder and pain disorder with psychological factors and general medical condition. Treatment to date has included medications, radiological studies, MRI arthrogram, functional restoration program, psychological sessions, physical therapy aquatic therapy, steroid injections, suprascapular nerve block, home exercise program and right rotator cuff tear repair. Current documentation dated April 30, 2015 notes that the injured worker reported increased right shoulder pain and limited range of motion. Examination of the right shoulder revealed tenderness and an extremely restricted range of motion secondary to pain. The treating physician's plan of care included a request for additional pain psychology sessions # 4 and aquatic therapy to the right shoulder # 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Pain Psychology, QTY: 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs, Psychologic Evaluation.

**Decision rationale:** MTUS does not directly address Pain psychology but discusses a multi-disciplinary approach to pain. MTU states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." ODG states concerning psychological evaluation "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." The treating physician has not provided detailed documentation of chronic pain treatment trials and failures, specific goals of those treatments, evidence of functional improvement while in prior therapy and the goal of the additional pain psychological treatment. The patient has attended a Functional Restoration Program, which was complete on 11/14 but did not attend the aftercare. The treating physician noted some backsliding since discharge from this program. There are no documents provided from the psychologist. His last visit was great than 6 months prior. As such the request for Additional Pain Psychology, QTY: 4 is not medically necessary.

**Aquatic therapy, right shoulder, QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical 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) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state 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, right shoulder, QTY: 6 is not medically necessary at this time.