

Case Number:	CM15-0011415		
Date Assigned:	01/29/2015	Date of Injury:	06/28/2010
Decision Date:	04/02/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: 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:

This 57-year-old male reported a work-related cumulative trauma injury on 06/28/2010. According to the progress notes from the treating provider dated 10/8/14, the injured worker (IW) reports right shoulder pain with limited range of motion. The diagnoses include bilateral shoulder impingement syndrome, bilateral shoulder pain and status post right shoulder surgery and cervical fusion. Previous treatments include medications, physical therapy, chiropractic treatment, bracing, shoulder injection, TENS and surgery. The treating provider requests aquatic therapy 2 to 3 times weekly for 6 weeks for the right shoulder and range of motion. The Utilization Review on 12/22/2014 non-certified the request for aquatic therapy 2 to 3 times weekly for 6 weeks for the right shoulder and range of motion. References cited were CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2-3 times a week for 6 weeks for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22 & 99.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Aquatic Therapy as a treatment modality. These MTUS guidelines state the following: 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. 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 may be required to preserve most of these gains. The Physical Medicine guidelines comment on the number of treatment sessions allowed for a given condition. These guidelines state the following: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, there is insufficient justification provided in support of the need for an Aquatic Therapy program. Specifically, there is no rationale provided as to why a land-based physical therapy program is not feasible for this patient's right shoulder condition. Further, the number of requested visits may be as many as 18 total sessions. This exceeds the Physical Medicine guidelines as cited above. Finally, there is insufficient documentation that there is a plan for a fading of treatment frequency and training focused towards a self-directed home exercise program. For these reasons, an Aquatic Therapy program 2-3 times a week for 6 weeks for the Right Shoulder is not considered as medically necessary.

Range of Motion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: Based on the medical history, the physical examination includes: General observation of the patient General level of fitness and physical condition Regional examination of the neck and shoulder girdle Neurovascular screening. The examination is mostly subjective, because the patient must exert voluntary effort or state a response to the sensory findings on the examination. In many cases of shoulder problems, there are no objective findings, but only painful range of motion (ROM), tenderness, or stiffness in the shoulder. Frozen shoulder or signs of infection or deformity due to fracture or dislocation may be present, but these causes are much less common than nonspecific pain, impingement syndrome, rotator cuff tendinitis, or rotator cuff tears (in that order). The clinician needs to be aware that a patient with a shoulder complaint but painless full range of motion of the shoulder may be experiencing referred pain. A. Regional Shoulder Examination. The MTUS/ACOEM Guidelines comment on the expectations of a physical examination for shoulder complaints. These guidelines state the following: "A shoulder examination includes the neck region as well as the shoulder. Ask the patient to point to the area

of discomfort with one finger. The range of motion of the shoulder should be determined actively and passively. The examiner may determine passive ROM by eliminating gravity in the pendulum position or by using the other arm to aid elevation. Atrophy of the deltoid or scapular muscles is an objective finding but arises only after weeks to months of symptoms. Deformities due to AC separations are visible, objective findings, as are signs of infection (elevated temperature, redness, heat, fluctuance) or gross tumor (visible vessels, palpable mass). The impingement sign of Neer and the modified impingement sign of Hawkins can be used to test for rotator cuff impingement. The apprehension test can be used to help detect dislocation (a positive test indicates glenohumeral instability, often due to previous dislocation). Strength of the supraspinatus and infraspinatus can be tested to diagnose rotator cuff tear or tendonopathy."In this case, there is insufficient information provided to assess the need for range of motion of the shoulder. The medical records indicate that the treating physician has assessed the patient's range of motion of the neck and shoulders. The above cited MTUS guidelines considers active and passive range of motion of the shoulder to be an expected component of the physical examination of the patient. Without more specific information as to the need for range of motion, this test is not considered as medically necessary.