

Case Number:	CM15-0133733		
Date Assigned:	07/21/2015	Date of Injury:	02/08/2012
Decision Date:	08/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 02-08-2012. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05-21-2015 the injured worker has reported left shoulder pain. On examination of the left shoulder revealed persistent pain, stiffness and weakness. There was continued loss to strength to the internal and external rotation and tenderness of her bilateral knee along the medial joint line was noted as well. The diagnoses have included subacromial impingement. Treatment to date has included physical therapy, heat, ice and medication. The provider requested aquatic therapy 2xwk x 6wks left shoulder-bilateral knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2xwk x 6wks left shoulder/Bilateral knee: 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: The patient presents with left shoulder pain and continued loss of strength to the internal and external rotation and tenderness of the bilateral knee along the medial joint line. The current request is for aquatic therapy 2x week x 6 weeks left shoulder/bilateral knee. The treating physician states, in a report dated 05/21/15, "On examination today, I am requesting authorization for Aquatic Physical Therapy of 2 times a week for 6 weeks to improve body mechanics, function, and flexibility to the left shoulder and bilateral knees." (14B) The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentation is provided. The documentation submitted does not provide any clinical information to support the current request and there is nothing to indicate that the patient cannot continue with conventional Physical Therapy exercises and a home exercise program, which the treating physician notes has been successful in the past. The current request is not medically necessary.