

Case Number:	CM15-0162669		
Date Assigned:	08/31/2015	Date of Injury:	08/29/2014
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on August 29, 2014. He reported neck, left shoulder and low back pain. The injured worker was diagnosed trauma after a fall. Treatment to date has included aquatic therapy, physical therapy (to include strengthening exercises, hot packs, manual massage, chiropractic manipulation and electrical muscle stimulation), medication, MRI and x-rays. Currently, the injured worker complains of persistent, constant left shoulder pain that is described as aching and occasional burning sensation. He reports stiffness, weakness, numbness and tingling. He reports the pain interferes with his ability to engage in activities of daily living, function and sleep. He rates his pain at 8-9 on 10. The injured worker is currently diagnosed with a rotator cuff rupture. His work status is modified duty. A note dated July 24, 2015, states physical therapy was beneficial for neck and low back pain, but did not relieve his shoulder pain. The note also states the injured worker experienced temporary benefit from aquatic therapy. A note dated August 5, 2015, states the injured worker experienced efficacy from aquatic therapy. The note also states physical therapy aggravated the injured workers left shoulder symptoms. Aquatic therapy, (three times a week for four weeks) for the left shoulder, is requested to improve range of motion and function, strengthen and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 x 4 left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22 and 99.

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

Decision rationale: Regarding the request for aquatic therapy for the shoulder, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. This worker has not been identified to have "extreme obesity." Furthermore, it should be noted that the shoulder is not a weight-bearing joint, and there is no clear indication for reduced weight bear in shoulder exercises which can be modified using a land-based setting. Land-based physical therapy has been tolerated previously and there is a lack of documentation of functional benefit from PT to date. Therefore, this request is not medically necessary.