MAXIMUS Federal Services

Case Number:	CM15-0167918		
Date Assigned:	09/08/2015	Date of Injury:	01/28/2014
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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 54 year old male, who sustained an industrial injury on 1-28-2014. He reported slipping on a broken step injuring the left knee, right hip and left shoulder. The diagnoses included left shoulder bicep tendon tear, rotator cuff tear, impingement syndrome, internal derangement, myospasm, left shoulder pain and left shoulder sprain-strain. Treatment to date has included activity modification, medication therapy, aquatic therapy, physical therapy, chiropractic therapy, and therapeutic injections. Currently, he complains of left shoulder pain with numbness, tingling, weakness. There was relief noted with medication and aquatic therapy. On 6-29-15, the physical examination documented left shoulder tenderness with decreased strength and decreased range of motion. The plan of care included a request to authorize twelve (12) aquatic therapy sessions, twice a week for six weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/ Aquatic therapy two times a week for six week for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents with left shoulder pain with numbness, tingling and weakness. The current request is for Pool/Aquatic Therapy 2 times a week for 6 weeks for the left shoulder. The treating physician's report dated 06/29/2015 (12B) states, Relief from medication and AQUA THERAPY Patient able to dress and reach easier, but with pain. The physician is requesting aquatic therapy to increase ROM and ADLs and decrease pain. Medical records do not show any aquatic therapy reports. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. It is unclear from the records how many sessions of aquatic therapy the patient has received thus far. While the patient reports benefit while utilizing aquatic therapy, the requested 12 sessions exceed the MTUS guidelines. The current request is not medically necessary.