

Case Number:	CM15-0184273		
Date Assigned:	10/02/2015	Date of Injury:	08/15/2010
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 67 year old female who sustained an industrial injury on 8-15-10. The injured worker reported radial nerve palsy. A review of the medical records indicates that the injured worker is undergoing treatments for right median ulnar and radial nerve palsy. Provider documentation dated 8-21-15 did not note work status. Treatment has included radiographic studies, status post right shoulder reconstruction and status post exploration of right brachial plexus (8-10-15). Objective findings dated 8-21-15 were not documented. Objective findings dated 7-13-15 were notable for "limited recovery on wrist extension, consistent with radial nerve palsy, ulnar nerve palsy, and partial median nerve palsy." The original utilization review (8-28-15) denied a request for Physical therapy (for swimming program) 3 times a week for 6 weeks for the right lower arm (right elbow, right forearm and right hand).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (for swimming program) 3 times a week for 6 weeks for the right lower arm (right elbow, right forearm and right hand): 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: Based on the 7/13/15 progress report provided by the treating physician, this patient presents with persistent loss of brachiolexus function of her shoulder. The treater has asked for physical therapy (for swimming program) 3 times a week for 6 weeks for the right lower arm (right elbow, right forearm and right hand) on 2/24/15. The patient's diagnoses per request for authorization dated 8/26/15 are right medial, ulnar and radial, and nerve palsy. The patient is s/p reconstruction of joint of right shoulder from November 2014, and afterwards had partial palsy of right arm (hand, complete palsy of radial nerve, partial palsy of medial nerve and ulnar nerve) per 2/24/15 report. The patient is s/p use of checkpoint stimular, to which she responded well at 10-15 Hz rather than 2Hz per 8/21/15 report. The patient is improved from previous visit, and can now flex her fingers and is regaining sensation for distribution of median nerve thumb per 8/21/15 report. The patient's work status is temporarily totally disabled per 7/13/15 report. MTUS Guidelines, Aquatic therapy section, page 22 states: "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." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." The patient is s/p complete palsy of radial nerve as well as medial nerve partial palsy following a reconstruction of the right shoulder from November 2014. In requesting 8/21/15 report, the treater found a very tight scar at pectoral area where pectoralis major tendon and muscle were tight. Afterward, treater recommended 18 aquatic therapy sessions as it is very good for her to go and do swimming per 8/21/15 report. Review of the reports did not show any evidence of prior aquatic therapy. Utilization review dated 8/28/15 non-certified this request due to lack of documentation of intolerance to land-based therapy. There is no documentation of this patient's BMI or any other factors that may affect ability to do land-based therapy other than patient's loss of brachiolexus function of shoulder. In this case, the treater does not provide a rationale to justify the medical necessity of the requested aquatic therapy. In addition, the requested 18 sessions exceeds guideline recommendations for this patient's condition. Therefore, the request is not medically necessary.