

Case Number:	CM15-0187066		
Date Assigned:	09/29/2015	Date of Injury:	03/01/2010
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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 61 year old female, who sustained an industrial injury on 3-01-2010. The injured worker was diagnosed as having shoulder impingement-bursitis, shoulder acromioclavicular joint arthritis, and shoulder sprain-strain rotator cuff. Treatment to date has included diagnostics, left shoulder physical therapy (at least 20 sessions-dates unspecified), and medications. Currently (8-31-2015), the injured worker complains of left shoulder pain with radiation to her neck, left bicep numbness, and left hand swelling and weak grip. Her left shoulder pain was not currently rated, but was rated 8 out of 10 on 8-03-2015. Her work status was total temporary disability. Current medications included Aspirin, Atenolol, Cocet, Isosorbide Dinitrate, and Simvastatin. Exam of the left shoulder noted tenderness of the subacromion and acromioclavicular areas, active range of motion on the left 90 degrees abduction, 65 degrees external rotation, 75 degrees internal rotation, 110 degrees of forward flexion, 50 degrees extension, and 40 degrees adduction. Impingement test was positive on the left. Motor strength was 5 of 5 and sensation was intact. The treating physician documented that magnetic resonance imaging of the left shoulder (3-21-2014) showed partial undersurface tear of the supraspinatus, questionable anterior and posterior degenerative labral changes, mild acromioclavicular joint osteoarthritis, and questionable anterior capsule laxity. X-rays of the left shoulder (8-31-2015) were documented to show acromioclavicular joint osteoarthritis, type 2 acromion, and no fracture or subluxation. The rationale for aqua therapy versus land therapy was not documented. Per the Request for Authorization dated 8-31-2015, the treatment plan

included aqua therapy evaluation and treatment sessions for the left shoulder x12, non-certified by Utilization Review on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 sessions: 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): Physical Medicine.

Decision rationale: The patient presents with pain affecting the left shoulder, with radiation to the neck. The current request is for Aquatic therapy 12 sessions. The treating physician report dated 8/31/15 (55B) states, "In April of 2012, she saw (treating physician) and was told she needed to do Left shoulder physical therapy with a total of more than 20 sessions." MTUS page 22 states that, "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". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the left shoulder. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the treating physician does not document a need for aquatic therapy over land-based therapy. The current request is not medically necessary.