

Case Number:	CM15-0193203		
Date Assigned:	10/07/2015	Date of Injury:	05/23/2013
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Maryland

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

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 39 year old, female who sustained a work related injury on 5-23-13. A review of the medical records shows she is being treated for left shoulder and low back pain. Treatments have included physical therapy, acupuncture, TENS unit therapy, medications, and home exercises. There is no indication of how many physical therapy and acupuncture treatments she received. She attended physical therapy sessions from September to November, 2013, October to November 2014 and in January 2015. In the progress notes, the injured worker reports left shoulder pain. She reports decreased range of motion in left shoulder from the pain. In the objective findings dated 8-4-15, she has good range of motion and strength in left shoulder which are symmetric to other side. She has minimal to no tenderness to palpation of left shoulder. No notation of working status. The treatment plan includes requests for continued home exercises and stretching exercises. In the Utilization Review dated 9-1-15, the requested treatment of aquatic therapy of the left shoulder 2x week x 6 weeks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy left shoulder 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: Aquatic therapy left shoulder 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT. The patient should be well versed in a home exercise program. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The documentation does not reveal any extenuating circumstances, which would necessitate 12 supervised aqua therapy sessions therefore this request is not medically necessary.