

Case Number:	CM15-0198440		
Date Assigned:	10/13/2015	Date of Injury:	03/13/2014
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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: Preventive Medicine, Occupational 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 38 year old female, who sustained an industrial injury on 3-13-14. She reported right shoulder pain. The injured worker was diagnosed as having right shoulder posttraumatic contusion superimposed on pre-existing right shoulder chronic sprain or strain secondary to repetitive injury. Treatment to date has included an unknown number of physical therapy sessions, acupuncture, and NSAIDs. On 9-15-15 the treating physician noted the injured worker had "difficulty bathing normally, combing her hair, going to the toilet, and having bowel movements." The injured worker also had "difficulty writing comfortably and typing on a computer." Physical examination findings on 9-15-15 included decreased right shoulder range of motion. On 9-15-15, the injured worker complained of right shoulder pain and the right lateral side of the neck. The treating physician requested authorization for pool therapy 4x6 for the right shoulder. On 9-16-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 4x6 Right Shoulder: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, there is no indication for reduced weight bearing with a shoulder injury. Additionally, this request for 24 sessions of aquatic therapy exceeds the recommendations of the guidelines, therefore, the request for pool therapy 4x6 for the right shoulder is determined to not be medically necessary.