

Case Number:	CM15-0204478		
Date Assigned:	10/21/2015	Date of Injury:	08/01/2014
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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 41 year old female, who sustained an industrial injury on 8-1-14. The injured worker was being treated for shoulder bursitis, unspecified disorder of shoulder joint and sprain of shoulder rotator cuff. On 8-18-15 and 9-22-15, the injured worker complains of continued right shoulder pain with little improvement. Physical exam performed on 8-18-15 revealed limited range of motion and wound clean and dry and on 9-22-15 revealed right shoulder restricted range of motion and diffuse tenderness of right shoulder. Treatment to date has included right shoulder surgery, physical therapy (it is noted on 10-8-15 the injured worker was discharged from physical therapy after 8 visits due to limited progress), aquatic therapy (which helped tremendously and has 3 visits remaining), home exercise program, oral medications including Advil, Amitriptyline, diazepam, Gabapentin, Hydrocodone, Meloxicam, Ondansetron, Pantoprazole, Tylenol; topical Lidocaine, Capsaicin and Diclofenac drops. The treatment plan included water rehab, physical therapy, light duty and medications: Norco, Gabapentin and Diazepam. On 10-2-15 request for 12 sessions of additional aquatic therapy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy two to three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: The patient presents on 09/22/15 with mild right shoulder pain. The patient's date of injury is 08/01/14. Patient is status post right shoulder rotator cuff repair on 04/23/15. The request is for Additional Aquatic Therapy two to three times a week for four weeks. The RFA was not provided. Physical examination dated 09/22/15 reveals a "tingling (sensitive)" unspecified region, and limited range of motion (presumably the right shoulder). The patient is currently prescribed Amitriptyline, Capsaicin cream, Diazepam, Diclofenac, Gabapentin, Norco, Lidocaine patches, Meloxicam, Zofran, Pantoprazole, Topiramate, and Tylenol. Patient is currently not working. 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 and 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. In regard to additional aquatic therapy for the management of this patient's right shoulder pain, the requesting provider has exceeded guideline recommendations. The documentation provided includes evidence that this patient has undergone at least 11 visits of traditional physical therapy, which also included some aquatic exercise treatments. MTUS guidelines allow for 8-10 sessions of aquatic therapy OR 8-10 sessions of physical therapy, and generally only recommend aquatic therapy for patients whose weight makes traditional land-based physical therapy excessively difficult. In this case, the patient has completed at least 11 physical therapy/aquatic therapy treatments and the request for an additional 8-12 sessions exceeds guideline recommendations. No rationale is provided as to why this patient is unable to transition to a home-based/self-directed physical therapy regimen, either. Therefore, the request is not medically necessary.