

Case Number:	CM15-0039135		
Date Assigned:	03/09/2015	Date of Injury:	12/01/2013
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 27-year-old female, who sustained an industrial injury on December 1, 2013. She reported bilateral scapular pain. The injured worker was diagnosed as having rotator cuff syndrome and sprain/strain shoulder. Treatment to date has included x-rays of the thoracic and cervical spines, physical therapy, pain and muscle relaxant medications, and THC tea and lotion. The injured worker reported pool therapy was helpful, and she had bought an above ground pool. On December 13, 2014, the injured worker complains of acute cervical/thoracic spine pain radiating down the left arm with numbness and tingling. There was a crushing and pulling feeling in the thoracic spine and scapular area. Associated symptoms include left arm loss of sensation, scapular pain, and tingling in the left shoulder. The physical exam revealed normal motor and deep tendon reflexes of the bilateral upper extremities, decreased sensation of the right upper extremity, tenderness to palpation of the left scapular muscle, no significant tenderness to palpation of the acromioclavicular and acromioclavicular-humeral joints, focal left brachial plexus tenderness to palpation, with reported numbness of the left hand. There was bilateral trapezial and rotator cuff tenderness to palpation. The left shoulder compression test was positive for severe pain and the right shoulder compression test was positive moderate pain. The left shoulder range of motion was mildly decreased with mild pain. The treatment plan includes aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 2 times a week for 8 weeks, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder; Physical Therapy.

Decision rationale: MTUS Guidelines recommend supervised aquatic therapy only when there is a demonstrated problem with weight bearing ie. Extreme obesity or lower extremity neurological deficits. These qualifying circumstances are not met with this individual. In addition, the requested number of sessions exceeds what Guideline is recommended for rotator cuff syndrome. The request for Aqua therapy 2 times a week for 8 weeks (16 sessions) is not supported by Guidelines and is not medically necessary.