

Case Number:	CM15-0042461		
Date Assigned:	03/12/2015	Date of Injury:	08/15/2014
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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 60-year-old male who sustained a work related injury on August 15, 2014, after falling, incurring injuries to his right shoulder. Magnetic Resonance Imaging (MRI) revealed a rotator cuff tear and joint effusion. He was diagnosed with a stage three impingement of the right shoulder with a rotator cuff tear. He complained of continuous pain in the shoulder with limited movement. In December 2014, he underwent a right shoulder arthroscopic, subacromial decompression, rotator cuff repair and debridement. Treatment post operative included aquatic therapy sessions. Currently, at follow up examination, post operative, there was a request for 12 aquatic therapy sessions to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient was injured on 08/15/2014 and presents with right shoulder pain. The request is for 12 AQUATIC THERAPY VISITS FOR THE RIGHT SHOULDER. The RFA is dated 11/12/2014, and the patient is to remain off work pending further improvement postoperatively. On 12/09/2014, the patient underwent an arthroscopic subacromial decompression and rotator cuff repair. MTUS Chronic Pain Medical Treatment Guidelines page 22 state aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect 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. Water exercise improves some components of health-related quality of life, balance, and stair-climbing in females with fibromyalgia, but regular exercise in higher intensities may be required to preserve most of these gains." MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. MTUS Guidelines pages 26-27 regarding post-op physical therapy for the shoulder allows for up to 24 visits or 14 weeks for a rotator cuff syndrome/impingement syndrome. The treatment period is 6 months. The utilization review denial letter indicates that the patient has already been authorized for 8 postoperative aquatic therapy visits "It is unclear when the patient's current clinical presentation is post that initial 8 aquatic therapy visits." It appears that the patient has already been authorized aquatic therapy; however, there is no indication of how this aquatic therapy impacted the patient's pain and function. The reason for the request is not provided, and there is no indication of why the patient is not able to do home exercises. There is not enough information provided to confirm the aquatic therapy is provided in accordance with MTUS Guidelines. Therefore, the requested aquatic therapy IS NOT medically necessary.