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| Case Number: | CM15-0051571 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 10/21/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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: Internal 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 63 year old male, who sustained a work/ industrial injury on 10/21/10. He has reported initial symptoms of left shoulder pain. The injured worker was diagnosed as having left shoulder rotator cuff tear. Treatments to date included medication, surgery (left shoulder reverse arthroplasty on 8/8/14), and physical therapy. Currently, the injured worker complains of continued pain in the left shoulder, with new injury, s/p slip and fall 12/17/14. The treating physician's report (PR-2) from 1/14/15 indicated there was ecchymosis of his left deltoid/biceps region, same cuff weakness, palpation non specific to location of pain. On 2/2/15, report of x-rays was negative for fracture. Pain intensity was 3/10 at best to 7/10 at most. The injured worker is currently going to physical therapy. Examination revealed several trigger points in the cervical or upper shoulder area, mostly on the left. Palpation of the acromioclavicular joint, bicipital tendon is tender. Range of motion of left shoulder is less than 50% in all directions. Range of motion in the lumbar spine was normal. Medications included Norco, Lisinopril, Meloxicam, and Soma. Treatment plan included additional aquatic therapy treatments 2 times a week for 6 weeks (12 sessions) to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy treatments 2 times a week for 6 weeks (12 sessions) to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine/aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The agreed medical examination report dated 2/9/15 documented that the patient was thin with a weight of 131 pounds and height 5 feet 10 inches. The patient walked with a normal gait. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Medical records indicate that the patient is thin and ambulatory. Therefore, the request for aquatic therapy is not supported by MTUS guidelines. Therefore, the request for aquatic therapy is not medically necessary.