

Case Number:	CM15-0058645		
Date Assigned:	04/03/2015	Date of Injury:	07/28/2009
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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, Pain Management

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 56 year old female, who sustained an industrial injury on 7/28/2009. She reported a fall. Diagnoses include ankle sprain, osteoarthritis of the knees, post-concussion syndrome, bilateral carpal tunnel syndrome, cervical radiculopathy, left shoulder pain, bursitis, status post 2 left knee surgeries. Treatments to date include medication therapy, physical therapy, aquatic therapy and therapeutic joint injections. Currently, she complained of left shoulder achiness, stiffness and pain with inability to sleep and perform overhead activities. There were also complaints of knee pain. On 12/10/14, the physical examination documented positive Neer's and Hawkin's tests on the left shoulder and decreased range of motion. Bilateral knee examination was significant for crepitation, grind, and tenderness bilaterally. There was an injection of viscosupplementation to the knee completed on this date. The plan of care included aquatherapy to treat the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aqua therapy visits for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment to treat a shoulder injury. Furthermore, the requested number of sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy is not medically necessary.