

Case Number:	CM15-0082369		
Date Assigned:	05/04/2015	Date of Injury:	03/25/2010
Decision Date:	06/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 3/25/10. He reported right shoulder pain. The injured worker was diagnosed as having osteoarthritis of the wrist/hand, shoulder joint replacement, and osteoarthritis of the shoulder. Treatment to date has included physical therapy including aquatic therapy, a home exercise program, a Cortisone injection, and medications. Currently, the injured worker complains of left shoulder pain and discomfort at the base of the thumbs. The treating physician requested authorization for a MRI of the left shoulder, aqua therapy/pool membership trial 4 weekly visits, and physical/gym therapy 16 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 - 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. In this case, the claimant had a prior surgery for a supraspinatus tear and had worsening pain. A referral was awaiting for an orthopedic surgeon. An MRI is appropriate to determine new cause of pain and determine necessity for any future surgery. Therefore, the request is medically necessary.

Aqua therapy/pool membership trial, four weekly visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatherapy Page(s): 22.

Decision rationale: 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. There was a simultaneous request for physical therapy and gym membership. The request for aquatherapy is therapy not medically necessary.

Physical/gym therapy, sixteen visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation ODG - pain chapter gym memberships and pg 52.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently, a gym membership is not medically necessary. In addition, physical therapy is limited to 10 visits for most conditions with a fading frequency with additional treatments to be performed at home. The request for 16 sessions of physical therapy is not medically necessary.