

Case Number:	CM15-0083334		
Date Assigned:	05/06/2015	Date of Injury:	10/02/2013
Decision Date:	06/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/01/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 43 year old male who sustained an industrial injury on October 2, 2013. Previous treatment includes orthotics, physical therapy, medications, chiropractic therapy, acupuncture therapy and psychiatric treatment. Currently the injured worker complains of aching discomfort in his right shoulder. He reports that the Norco is effective and reports that his pain is mostly at night. The injured worker underwent a right shoulder arthroscopic type II superior labrum anterior and posterior repair, right shoulder arthroscopic partial synovectomy and right shoulder arthroscopic subacromial decompression and bursectomy on March 19, 2015. Diagnoses associated with the request include status post arthroscopic subacromial decompression and SLAP repair of the right shoulder, cervicgia, lumbar strain and right wrist de Quervain's tenosynovitis. The treatment plan includes post-operative aqua therapy to work on gentle range of motion and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative aqua therapy, 2 times weekly for 6 weeks, right shoulder qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, 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. In this case the exam notes from 1/14/15 do not outline why the injured worker is or will be intolerant of land based physical therapy. Therefore the request is not medically necessary.