

Case Number:	CM15-0086541		
Date Assigned:	05/08/2015	Date of Injury:	01/28/2014
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female, who sustained an industrial injury on January 28, 2014. The mechanism of injury was a slip and fall injuring her right shoulder and striking her head. The injured worker has been treated for head, neck and right shoulder complaints. The diagnoses have included closed head injury, bursitis/tendinitis of the shoulder, post-concussion syndrome, post-traumatic stress disorder, cervicalgia, cervical radiculopathy, right shoulder impingement, right shoulder superior labrum, anterior to posterior tear, low back pain, right shoulder superior labrum, anterior to posterior tear, left knee sprain and right hip sprain. Treatment to date has included medications, radiological studies, electrodiagnostic studies, aquatic therapy, neurology consultation, electroencephalogram (EEG) and right shoulder surgery. A 3/11/15 physical exam revealed decreased strength in the right arm secondary to pain complaints but no obvious atrophy. Sensation intact in all distributions in the extremities. Reflexes were brisk and symmetrical. There was a negative Hoffman sign. She could not elevate her right arm to shoulder level. This was not tested at other levels to avoid discomfort. Current documentation dated April 3, 2015 notes that the injured worker reported an aching discomfort in the right shoulder. The documentation notes the injured worker was gradually improving with therapy and has resolution of her capsulitis. Examination of the right shoulder revealed increased tone throughout the cervical paraspinal musculature. No gross focal point tenderness or spasm was noted. Range of motion was noted to have improved. The treating physician's plan of care included a request for an additional eight aqua 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:

Additional 8 sessions of aquatic therapy for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and physical medicine Page(s): 22 and 98-99.

Decision rationale: Additional 8 sessions of aquatic therapy for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The documentation indicates that the patient has had prior therapy for her right shoulder in the past. The documentation does not reveal exactly how many prior therapy shoulder in total the patient has had for the right shoulder. The documentation is not clear that the patient is unable to participate in land based therapy over aquatic therapy. The MTUS recommends a transition from a supervised therapy program to an independent home exercise program. The patient should be well versed in a home exercise program at this point. The request for an additional 8 aquatic therapy sessions for the right shoulder is not medically necessary.