

Case Number:	CM15-0087583		
Date Assigned:	05/11/2015	Date of Injury:	10/25/2012
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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

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 37 year old female, who sustained an industrial injury on 10/25/12. The injured worker has complaints of cervical spine pain, thoracic spine pain, lumbar spine pain and right shoulder and hip pain. The diagnoses have included right hip pain; right hip labral tear, positive per magnetic resonance imaging (MRI); right shoulder sprain/strain; right shoulder impingement; tendinitis of the right shoulder and radiculopathy of the right lower extremity clinically. Treatment to date has included therapy; magnetic resonance imaging (MRI) positive for right hip labral tear; magnetic resonance imaging (MRI) showed tendinitis of the right shoulder and Tylenol. The request was for additional aqua therapy 2 x week x 6 weeks right shoulder and magnetic resonance imaging (MRI) arthrogram right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aqua therapy 2 x wk x 6 wks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine guidelines Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Additional aqua therapy 2 x wk x 6 wks right shoulder is not medically necessary and appropriate.

MRI Arthrogram right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis - Arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, Arthrography, pages 235-236.

Decision rationale: Guidelines states that most problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of pain symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have been met as ODG recommends Hip Arthrogram for evaluation of internal derangement, loose bodies, and articular cartilage surface lesions as it has been proven effective in determining the integrity of intraarticular ligamentous, labral tears, fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. Additionally, it is useful for detection of loosening of total hip prostheses, especially for evaluation of the femoral component; however, not seen here. The

patient has continued symptom complaints and clinical findings along with Hip MRI findings of labral tear. The MRI Arthrogram right hip is medically necessary and appropriate.