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| Case Number: | CM15-0234701 | | |
| Date Assigned: | 12/10/2015 | Date of Injury: | 07/03/2014 |
| Decision Date: | 01/14/2016 | UR Denial Date: | 11/16/2015 |
| Priority: | Standard | Application Received: | 12/01/2015 |

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, New York
Certification(s)/Specialty: Internal 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 a male, who sustained an industrial injury on 7-3-2014. The injured worker is undergoing treatment for left shoulder internal derangement and massive chronic rotator cuff tear with muscle atrophy. Medical records dated 7-16-2015 and 10-8-2015 indicate the injured worker complains of left shoulder pain. Physical exam dated 10-8-2015 notes "very limited range of motion (ROM) of the left shoulder with a significant left shoulder pain." Treatment to date has included surgery, physical therapy, home exercise program (HEP) and medication. The original utilization review dated 11-16-2015 indicates the request for hydro therapy 3 X 2 and physical therapy 3 X 2 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro Therapy x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrotherapy times six sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are left shoulder internal derangement and massive chronic rotator cuff tear with muscle atrophy. Date of injury is July 3, 2014. Request for authorization is November 9, 2015. According to a physical therapy discharge note dated June 16, 2015, the injured worker completed six physical therapy sessions ranging April 16, 2015 through June 16, 2015. The injured worker has had no improvement with ongoing signs of a complete rotator cuff tear. Conservative care will not progress. The injured worker has been instructed on a home exercise program. According to an October 8, 2015 provider progress note, the injured worker has no complaints. Medications are not authorized. Objectively, the injured worker has limited range of motion of the left shoulder with significant left shoulder pain. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective(s) improvement from prior physical therapy. The medical record documentation does not contain a clinical narrative with a clinical indication or rationale for additional physical therapy or aquatic therapy. There is no clinical rationale for reduced weight bearing as it pertains to the shoulder. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for additional physical therapy/hydrotherapy and no documentation demonstrating objective functional improvement to support additional physical therapy/hydrotherapy, hydrotherapy times six sessions is not medically necessary.

Physical Therapy x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times six sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder internal derangement and massive chronic rotator cuff tear with muscle atrophy. Date of injury is July 3, 2014. Request for authorization is November 9, 2015. According to a physical therapy discharge note dated June 16, 2015, the injured worker completed six physical therapy sessions ranging

April 16, 2015 through June 16, 2015. The injured worker has had no improvement with ongoing signs of a complete rotator cuff tear. Conservative care will not progress. The injured worker has been instructed on a home exercise program. According to an October 8, 2015 provider progress note, the injured worker has no complaints. Medications are not authorized. Objectively, the injured worker has limited range of motion of the left shoulder with significant left shoulder pain. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective(s) improvement from prior physical therapy. The medical record documentation does not contain a clinical narrative with a clinical indication or rationale for additional physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for additional physical therapy and no documentation demonstrating objective functional improvement to support additional physical therapy, physical therapy times six sessions is not medically necessary.