

Case Number:	CM14-0120445		
Date Assigned:	08/06/2014	Date of Injury:	09/23/2011
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male whose date of injury is 09/23/2011. The mechanism of injury is described as lifting a garbage bag. Progress note dated 07/02/14 indicates that the injured worker complains of right knee pain rated as 6/10. Left knee pain is rated as 5/10. Left shoulder pain is rated 6/10 visual analog scale (VAS). On physical examination there is decreased and painful left shoulder range of motion with flexion 165, abduction 160, internal rotation 60, and external rotation 75 degrees. Treatment plan recommends home exercise program, aquatic therapy and follow up visits. Diagnoses are right knee residuals after prior arthroscopic surgery in 12/2012, right knee chondromalacia and effusion, left shoulder pain and dysfunction, left shoulder impingement, left shoulder bursitis, left shoulder acromioclavicular (AC) joint arthrosis, and left shoulder rotator cuff tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: There is no clear rationale provided as to why reduced weightbearing is desirable as required by California Medical Treatment Utilization Schedule (MTUS) guidelines to support aquatic therapy. The injured worker's objective functional response to prior therapy is not documented. There are no specific, time limited treatment goals provided. Therefore, based on the clinical information provided, the request for aqua therapy quantity six is not recommended as medically necessary.

RANGE OF MOTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Range of motion

Decision rationale: The request is nonspecific and it is unclear if the request is for range of motion assessment or exercises. There is no clear rationale provided to support the request. Based on the clinical information provided, the request for range of motion is not recommended as medically necessary.

FOLLOW P 4-6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Office visits

Decision rationale: Based on the clinical information provided, the request for follow up four to six weeks is not recommended as medically necessary. There is no clear rationale provided to support the requested follow up, and medical necessity is not established. The recommended treatment of aqua therapy and possibly range of motion have been denied, and therefore follow up is not medically necessary.