

Case Number:	CM14-0120728		
Date Assigned:	08/06/2014	Date of Injury:	04/12/2001
Decision Date:	09/26/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 50 year old male with a work injury dated 4/12/01. The diagnoses include right shoulder pain. The patient underwent Right Shoulder Rotator Cuff Repair on 10/06/2011 and Right Shoulder Revision Rotator Cuff Repair on 09/24/2013. Under consideration is a request for Aqua therapy 12 Sessions. There is a primary treating physician report dated 7/18/14 that states that the patient has been awaiting aqua therapy. He states that Mobic does not work. He takes Norco and has difficulty sleeping at night. Ambien was not approved. On exam he elevates 10 about 140. Wounds are healed. He is tender over his acromioclavicular joint, pain with cross-body adduction. The plan states the patient will be changed from Mobic to Flector patches. They have worked in the past. He will get him Ambien to help him sleep. He will get Norco. There is a recommendation for aqua therapy and maybe acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98-99, 22.

Decision rationale: Aqua therapy 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per guidelines Aquatic Therapy is 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. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 physical therapy visits for the patient's condition. There is no clear documentation why he needs aquatic over land based therapy. There are no extenuating factors that would warrant additional therapy exceeding that of the MTUS Guidelines. The request for Aqua Therapy 12 Sessions is not medically necessary.