

Case Number:	CM14-0163003		
Date Assigned:	10/08/2014	Date of Injury:	09/17/2009
Decision Date:	11/14/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in California. 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 54 year old male who sustained an industrial injury on 9/17/2009 at which time he was involved in a MVA. He went down an embankment. He struck his right arm and his forehead. He also sustained injuries to his cervical, thoracic, and lumbar regions. He is status post right shoulder arthroscopy on 6/12/14. A neurosurgical evaluation on 9/15/14 recommended cervical fusion and lumbar decompression. The patient was evaluated on 9/10/14 at which time he complained of constant left shoulder pain and activity dependent moderate right shoulder pain. Objective examination reported within normal bilateral shoulder ROM. He was diagnosed with right shoulder internal derangement, right shoulder pain and right shoulder A/S with intraarticular debridement of partially torn rotator cuff and biceps tenotomy. Request was made for aquatic therapy. UR dated 9/18/14 non-certified the request for aquatic therapy. The prior peer reviewer noted that the patient has attended an unknown number of post-operative therapy sessions to date. The prior peer reviewer noted that right shoulder range of motion was normal and there were no significant documented correctable deficits for which physical therapy would be indicated or by which progress might be assessed. IMR request is for aquatic therapy for diagnosis of right shoulder arthroscopy 6/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (preface)

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

Decision rationale: The medical records do not establish objective functional deficits on clinical examination that would support the request for aquatic therapy for the shoulder. The patient is noted to have normal shoulder range of motion. Furthermore, the medical records do not establish that the patient is unable to safely and effectively perform land based exercises for the shoulder. The request for aquatic therapy is not medically necessary.