

Case Number:	CM14-0092690		
Date Assigned:	07/25/2014	Date of Injury:	04/09/2012
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 62 year-old female who reported an injury on 04/09/2012. The mechanism of injury was not provided. Diagnoses included chronic pain syndrome, failed right shoulder surgery, left shoulder impingement syndrome, and left shoulder rotator cuff tendinosis. Past treatments included, aquatherapy/physical therapy, pain medication, and a weight management program. Diagnostic studies included, a left shoulder MRI on 01/09/2014 and an MRI of the right. The injured worker had a failed right shoulder arthroscopic surgery. The injured worker was seen on 05/20/2014 with complaints of bilateral shoulder pain rated 4/10 at rest and 8-9/10 with any kind of movements. The injured worker stated that she had electric-like shooting pain in both shoulders, which was more significant on the right side. The injured worker that she had difficulty performing activities of daily living without assistance. Range of motion was significantly limited in both shoulders, but mainly in the right shoulder. In the right shoulder there was 45 degrees of forward flexion, 50 degrees of shoulder abduction, 10 degrees of shoulder extension, 30 degrees of external rotation and internal rotation was to the S1 level. The range of motion in her left shoulder included forward flexion was 60 degrees, abduction was 90 degrees, extension was 20 degrees, external rotation was 70 degrees, and internal rotation was to L5. Medications included, hydromorphone and celebrex. The treatment plan included recommendations for pool therapy, twice per week for a total of 12 sessions to improve range of motion in both shoulders, decrease pain, and improve function. The treatment plan also included recommendations for walking 5 minutes a day, a follow-up with the orthopedic specialist for a second opinion, continuation of pain medications, and a weight management program. The request for authorization was submitted on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) Sessions of Pool Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official disability Guidelines- treatment for Worker's Compensation, Online Edition Chapter; shoulder- Physical Therapy.

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

Decision rationale: The request for 12 sessions of pool physical therapy is not medically necessary. The injured worker has a history of chronic pain in both shoulders and has completed 31 sessions of aquatherapy since the date of injury. The California MTUS guidelines state 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 guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. There is a lack of documentation indicating the injured worker has experienced significant objective functional improvement with the prior sessions of aquatic therapy. The injured worker previously completed 31 sessions of physical therapy; therefore, the request for 12 additional sessions would further exceed the guideline recommendations. There is a lack of documentation indicating the injured worker has a condition which would require an active treatment modality with reduced weight bearing. The request as submitted does not indicate the site at which the therapy is to be performed. Therefore the request is not medically necessary.