

<b>Case Number:</b>	CM15-0015349		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 36 year old female, who sustained an industrial injury on 08/18/2013. She has reported pain in the low back and right shoulder. The diagnoses have included lumbar spine sprain/strain; and right shoulder rotator cuff tendinosis with impingement syndrome. Treatment to date has included medication and physical therapy. Surgical intervention has included right shoulder rotator cuff repair with debridement and sub-acromial decompression, performed on 07/15/2014. The post-operative report, dated 07/15/2014, noted that the post-operative plan will be for initiation of shoulder range of motion early in the post-operative period. A progress note from the treating physician, dated 01/19/2015, documented a follow-up visit with the injured worker. The injured worker has reported right shoulder pain rated at 2-3.5/10 on the visual analog scale; pain in the lumbar spine rated at 2.5-4/10; and pain in the cervical spine rated at 2/10. Objective findings included pain with range of motion of the cervical spine and lumbar spine; and pain and weakness with range of motion of the right shoulder. The treatment plan has included specific exercise and therapeutic activities to improve range of motion of the right shoulder, lumbar spine, and cervical spine; and follow-up evaluation as scheduled. Request is being made for pool therapy, range of motion, and strengthening for the right shoulder and the lumbar spine. On 01/16/2015 Utilization Review non certified a prescription for Pool therapy, ROM, Strengthening for right shoulder; and a prescription for Pool therapy, ROM, Strengthening for lumbar spine. The CA MTUS and the ODG were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of Pool therapy,

ROM, Strengthening for right shoulder; and for Pool therapy, ROM, Strengthening for lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pool therapy, ROM, Strengthening for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines and Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Aquatic therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This 36 year old female has complained of low back pain and right shoulder pain since date of injury 8/18/13. She has been treated with right shoulder surgery, physical therapy and medications. The current request is for pool therapy, ROM, strengthening for right shoulder. There is inadequate documentation supporting why the patient cannot continue shoulder rehabilitation on a home exercise program, which is recommended for chronic pain and dysfunction. On the basis of the MTUS guidelines and the patient's previous treatments, the request for pool therapy, ROM, strengthening for right shoulder is not indicated as medically necessary.

**Pool Therapy, ROM, Strengthening for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines and Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Aquatic therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This 36 year old female has complained of low back pain and right shoulder pain since date of injury 8/18/13. She has been treated with right shoulder surgery, physical therapy and medications. The current request is for pool therapy, ROM and strengthening for lumbar spine. There is inadequate documentation supporting why the patient cannot continue back rehabilitation on a home exercise program, which is recommended for chronic pain and dysfunction. On the basis of the MTUS guidelines and the patient's previous treatments, the request for pool therapy, range of motion, strengthening for lumbar spine is not indicated as medically necessary.