

Case Number:	CM15-0114290		
Date Assigned:	06/22/2015	Date of Injury:	11/24/2012
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33-year-old female who sustained a work related injury November 24, 2012. She developed pain in her shoulders over time, while carrying containers of fruits, vegetables, sugar, weighing up to 50-60 pounds. The pain in the right shoulder is greater than the left. An MRI of the cervical spine, right shoulder, and right humerus dated July 30, 2014, reports are present in the medical record. According to the most recent physician's psychological report, dated February 25, 2015, psychiatric factors were likely impacting her response to the physical injury with the result that subjective complaints may appear greater than objective findings on physical examination. She limits her physical activities due to a strong fear of re-injury and pain avoidance. Diagnoses are adjustment disorder with mixed anxiety and depressed mood and pain disorder. A physician's note dated February 16, 2015, finds the injured worker complaining of throbbing pain in the upper back and right arm. The pain has been continuous for 6 months. The right shoulder is documented as; positive Neer's and Hawkins, reduced range of motion, tingling sensation in the anterior arm and forearm down into the hand. There is mild tenderness to palpation in the right bicep and flexor forearm muscle bundle and painful passive range of motion. Diagnoses are arthralgia shoulder; sprain shoulder; sprain supraspinatus muscle; sprain neck; chronic pain due to trauma. At issue, is a request for (6) sessions of occupational therapy to include water therapy and an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 occupational therapy sessions to include water therapy and exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for right shoulder and neck pain. When seen, she was attending physical therapy three times per week without improvement. Physical examination findings included decreased cervical spine range of motion with cervical and trapezius muscle tenderness. There was right forearm and thenar tenderness. Right shoulder Neer's testing was positive. There was decreased grip strength. The claimant BMI is nearly 36. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, although the claimant is obese, there would be no expected limitation in terms of participating in conventional therapy for the cervical spine and upper extremity. Additionally, the claimant has been participating in physical therapy without benefit. Guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The additional number of visits being requested is in excess of that recommendation and recent physical therapy has not been of benefit. The request is not medically necessary.