

Case Number:	CM15-0116858		
Date Assigned:	06/25/2015	Date of Injury:	01/23/2012
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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:

This 55-year-old female sustained an industrial injury to the left shoulder on 1/23/12. Magnetic resonance imaging left shoulder revealed a rotator cuff and labrum tear with arthritis in the acromial joint and impingement. On 5/14/14, the injured worker underwent left shoulder arthroscopy with acromial joint excision, subacromial space decompression and repair of the torn labrum and rotator cuff. Postoperatively the injured worker developed adhesive capsulitis. The injured worker received extensive postoperative physical therapy. The number of postoperative physical therapy sessions was unclear. In a PR-2 dated 4/16/15, the physician noted that the left shoulder pain and stiffness had become worse with more limited range of motion and swelling to the left hand and tingling to the fifth finger. On 5/13/15, the injured worker underwent closed manipulation and lysis of adhesions to the left shoulder. In a preoperative history and physical dated 5/11/15, the physician noted that the plan of care was left shoulder manipulation under anesthesia followed by physical therapy at least four days a week for two weeks combined with a home exercise program. In a physical therapy progress note dated 5/14/15, the physical therapy recommended pool therapy for the left shoulder. In a PR-2 dated 6/4/15, the injured worker complained of shoulder pain radiating to the left side of the neck. Left shoulder range of motion continued to be restricted despite doing exercises. Current diagnoses included left shoulder sprain/strain, left shoulder bursitis and adhesive capsulitis. The treatment plan included continuing medications, completing physical therapy and requesting authorization for six sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x6 sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p87.

Decision rationale: The claimant sustained a work-related injury in January 2012 and underwent left shoulder arthroscopy in May 2014. She developed adhesive capsulitis and underwent manipulation under anesthesia on 05/13/15. When seen, she had completed 6 therapy sessions. She had neck pain and ongoing decreased range of motion. There was left shoulder tenderness. Authorization for aquatic therapy was requested. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, there is no identified co-morbid condition that would be expected to limit the claimant's ability to participate in ongoing conventional land-based physical therapy for the left shoulder. The request was not medically necessary.