

<b>Case Number:</b>	CM15-0125255		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 49 year old female who sustained an industrial injury on 6-13-14. A qualified medical evaluation dated 2-6-15 notes the assessment as status post work related injury, parascapular strain left chronic, and intercostal strain-chronic. In a progress report dated 4-20-15, the treating physician notes pain at the shoulder blade, pain with overhead activity, raising arm, putting on clothes and that she has been doing home exercises to decrease pain. In a progress report dated 6-1-15, the treating physician notes she continues to experience shoulder pain and continues to complain of loss of motion. Pain is rated at 5-6 out of 10 and as moderate, frequent and with weakness. Tenderness to palpation and difficulty sleeping is noted. The progress report is hand written and portions are illegible. The treatment plan includes a short course of aqua therapy to focus on increasing range of motion, consider acupuncture and if no improvement, shoulder trigger point injections. Previous treatment includes a physical therapy evaluation and home exercise. Work status is to return to usual and customary duties. The requested treatment is six pool therapy sessions, one Iontophoresis, one infrared therapy, and one therapeutic ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Pool Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic): Physical medicine treatment, Physical Therapy Guidelines.

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

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. In this case, there is no indication that any component of her exercise program would require a pool. This worker's problems are related to the upper extremity where weight bearing is not a concern. She has already had physical therapy with establishment of a home exercise program. There is no reason to expect this worker to achieve additional benefits from an exercise program in a pool that could not just as well or be better obtained and maintained from a land based program. The request is not medically necessary.

#### **1 Iontophoresis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (Acute & Chronic): Iontophoresis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Iontophoresis.

**Decision rationale:** The medical record indicates that treatment is directed to the shoulder. According to the ODG, iontophoresis is not recommended. Iontophoresis has been tested for calcifying tendinitis of the shoulder and found to be ineffective, and there is no evidence showing effectiveness for other shoulder conditions. The request is not medically necessary.

#### **1 Infrared Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/Infrared Therapy.

**Decision rationale:** The medical record indicates that this worker has shoulder region pain for which infrared therapy is being requested. Neither the MTUS nor the ODG discuss infrared therapy as an option for shoulder therapy. It is however discussed in the low back section of the ODG and it states, "it is not recommended over other heat therapies." Given the lack of any

recommendation for infrared therapy for the shoulder and the fact that even for treatment of the low back where it may be considered, it is not recommended over other heat therapies, infrared therapy is not medically necessary.

**1 therapeutic ultrasound:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Ultrasound, therapeutic Page(s): 122.

**Decision rationale:** The medical record indicates that this worker has shoulder region pain for which therapeutic ultrasound is being requested. According to the MTUS, therapeutic ultrasound is not recommended. "Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing." The request is not medically necessary.