

Case Number:	CM15-0178727		
Date Assigned:	09/21/2015	Date of Injury:	09/17/2000
Decision Date:	10/22/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 9-17-2000. Diagnoses include right shoulder impingement, rotator cuff rupture and arthritis; status post right shoulder decompression and rotator cuff repair on 2-10-15. He reported being hit in the face with a large rack from a truck resulting in multiple cranial and facial fractures, a traumatic brain injury and injuries to the right shoulder, right hip, and bilateral wrists. Treatments to date include activity modification, medication therapy, physical therapy, aquatic therapy, psychotherapy, and he resides in a skilled nursing facility. On 7-29-15, subjective complaints were not documented. The physical examination documented right shoulder extension was 180 degrees and abduction was 170 degrees. The plan of care included "one more round of physical therapy." The physical therapy progress note dated 7-23-15, documented normal range of motion and strength with no pain reported with normal activity. The appeal requested eight aquatic physical therapy sessions to the right shoulder. The Utilization Review dated 8-11-15, denied the request stating, "The patient has now completed 30 sessions of postoperative physical therapy. There is no clear medical necessity established to support skilled therapy past guidelines recommendations" per the California MTUS Postsurgical Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for 8 sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The patient is s/p arthroscopic rotator cuff repair on 2-10-15, over 8 months ago with at least 30 post-op PT visits completed, now with request for pool therapy. Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Pool therapy for 8 sessions for the right shoulder is not medically necessary and appropriate.