

Case Number:	CM15-0026878		
Date Assigned:	02/18/2015	Date of Injury:	01/07/2003
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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 63 year old female, who sustained an industrial injury on 1/7/2003. The current diagnoses are right and left shoulder rotator cuff tears. There were no subjective shoulder complaints documented on the progress report dated 12/30/2014. Treatment to date has included aqua therapy. The treating physician is requesting 18 sessions of independent pool therapy for the bilateral shoulders, which is now under review. On 1/20/2015, Utilization Review had non-certified a request for 18 sessions of independent pool therapy for the bilateral shoulders. The California MTUS and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions of Independent Pool Therapy (2 times per week times 3 weeks for 3 months) for Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Aqua Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Online Edition, Chapter: Shoulder (Acute & Chronic), Physical Therapy; Physical /Occupational Therapy Guidelines-Sprained Shoulder; Rotator Cuff, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient is a 62 year old male who presents with unrated bilateral knee pain, unrated lower back pain, unrated bilateral shoulder pain, and unrated right ankle pain. The patient's date of injury is 01/07/03. Patient has no documented surgical history directed at this complaint. The request is for 18 Sessions Of Independent Pool Therapy 2 Times Per Week Times 3 Weeks For 3 Months. The RFA is dated 01/09/15. Requesting physical examination dated 12/30/14 is handwritten, poorly scanned, and illegible. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the right ankle dated 04/25/14, significant findings include: "Moderate severe tendinosis of the posterior tibialis tendon with interstitial tears. There is a high grade or full thickness tear defect. Longitudnal split tear of the peroneus brevis tendon, 5mm osteochondral lesion in the medial talar dome with full thickness chondral loss and subchondral changes." Patient's current work status is not provided. MTUS Guidelines, page 22, under Aquatic therapy states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy -including swimming- can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency - from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks."In regards to the request for 18 aquatic therapy sessions for the management of this patient's chronic pain, the treater has specified an excessive number of sessions. This patient's current body dimensions are not provided. Generally aquatic therapy is indicated for patient's whose weight makes traditional physical therapy excessively difficult. There is no documentation provided of previous aquatic therapy sessions or efficacy of such sessions. In this case, however, the treater has requested 18 sessions of therapy, which exceeds MTUS guidelines indicating a maximum of 10 sessions. Therefore, this request IS NOT medically necessary.