MAXIMUS Federal Services

Case Number:	CM15-0063564		
Date Assigned:	04/09/2015	Date of Injury:	01/28/2014
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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, 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 40 year old female, who sustained an industrial injury on 01/28/2014. The initial complaints or symptoms included head injury/trauma and right side of body trauma/pain after slipping on a wet floor. There was a reported loss of consciousness. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies (including extensive aquatic therapy), multiple consultations/evaluations, and right shoulder surgery. Currently, the injured worker complains of aching discomfort in the right shoulder after laying on her right side, but indicated that she is somewhat doing better. The diagnoses include rule out post-concussive syndrome - post-traumatic stress disorder, cervicalgia with radiculopathy, stage III impingement syndrome of the right shoulder, status post arthroscopic decompression with slap tear repair (10/17/2014), history of low back pain - rule out radiculopathy in the right lower extremity. The treatment plan consisted of 8 additional sessions of aquatic therapy for the right shoulder, referral to neurologist, continued therapy and range of motion exercises, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy times eight for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy for the shoulder, Guidelines do not contain criteria for the use of aquatic therapy in the treatment of shoulder conditions. Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, the patient has undergone numerous physical therapy sessions in the past without any significant benefit. It is unclear, why additional therapy would be expected to improve the patient's condition, above and beyond what was achieved with the previous physical therapy trials. Additionally, it is unclear why reduced weight bearing would be appropriate for this patient with a shoulder injury. Reduced weight-bearing is generally recommended for back and knee conditions, but not upper extremity issues. Additionally, the number of treatments requested in addition to those previously provided, exceeds the number recommended by ODG. In the absence of clarity regarding those issues, the currently requested aquatic therapy for the shoulder is not medically necessary.