

Case Number:	CM15-0064624		
Date Assigned:	04/10/2015	Date of Injury:	04/12/2004
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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 57-year-old male, who sustained an industrial injury on April 12, 2004. He has reported right shoulder pain, back pain, and leg pain. Diagnoses have included lumbar spine post laminectomy syndrome, rotator cuff injury, unspecified arthropathy, and chronic pain syndrome. Treatment to date has included medications that improve the pain, use of a cane, rotator cuff repair, lumbar spine surgery, and therapy. A progress note dated February 27, 2015 indicates a chief complaint of right shoulder pain, lower back pain, and bilateral leg pain. The treating physician documented a plan of care that included additional aquatic therapy for the lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy, two times a week for 8-12 weeks for the lumbar and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 200, 298, Chronic Pain Treatment Guidelines 8

C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Shoulder Chapter, Physical Therapy, 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, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear why reduced weight bearing would be appropriate for this patient's shoulder injury. Reduced weight bearing is generally recommended for back and knee conditions, but not upper extremity issues. Additionally, the number of treatments requested (16-24 sessions) exceeds the number recommended by ODG. In the absence of clarity regarding those issues, the currently requested aquatic therapy for the lumbar spine and shoulder is not medically necessary.