

Case Number:	CM15-0065034		
Date Assigned:	04/13/2015	Date of Injury:	06/28/2010
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
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: New Jersey

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 57 year old male who sustained an industrial injury on 6/28/10. The injured worker reported symptoms in the right wrist. The injured worker was diagnosed as having an orthopedic diagnosis. Treatments to date have included physical therapy, activity modification, chiropractic treatments, status post right shoulder surgery (12/26/13), status post cervical fusion (2/5/14) status post left carpal tunnel release (7/15/14), oral analgesic, oral pain medication, wrist braces, and anti-inflammatory medications. Currently, the injured worker complains of right wrist discomfort. The plan of care was for therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2-3x6 weeks of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, p. 22, AND Physical Medicine, pp. 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, the injury took place years before this request for physical therapy and after having completed some physical therapy. There was no clear reporting of how effective previous sessions of physical therapy were as this was not included in the notes provided for review. There was no indication that aquatic therapy was warranted over land-based therapy for this worker. Also, there was no indication that this worker was not able to perform home exercises instead of supervised physical therapy. Therefore, the request for aquatic therapy 2-3 x 6 weeks for the right shoulder is not medically necessary at this time.

Range of motion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: The MTUS ACOEM Guidelines for shoulder complaints includes basic manual range of motion testing as part of a standard physical exam, and does not mention any other form of mechanical or computerized range of motion testing. In the case of this worker, the request for "range of motion", it was not clear as to if this request referred to physical therapy to improve range of motion or if it was for range of motion testing. If it was for physical therapy, there is no indication that the worker required supervision for range of motion physical therapy, and no number of sessions were included in the request. IF it was for range of motion testing, then there is no indication that it is medically necessary, considering manual testing is standard and sufficient for assessing range of motion. This request is not medically necessary.