

Case Number:	CM15-0070759		
Date Assigned:	04/16/2015	Date of Injury:	10/02/2013
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/01/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 43-year-old male, who sustained an industrial injury on 10/02/2013. Diagnoses include stage III impingement of right shoulder with SLAP tear and question of small PASTA lesion, lateral epicondylitis of the left elbow, cervicalgia, lumbar strain and DeQuervain's tenosynovitis. Treatment to date has included surgical intervention (right shoulder arthroscopy dated 3/10/2015 and anterior and posterior repair dated 3/19/2015) medications, physical therapy, diagnostics, chiropractic and acupuncture. Per the Orthopedic Progress Report dated 3/13/2015 the injured worker reported aching discomfort of the right shoulder with decreasing limitation with performance of activities of daily living. Physical examination revealed increased tone throughout the cervical paraspinal musculature. Active forward flexion was up to 13 degrees, abduction 110 degrees, and external rotation 50 degrees with still compensatory posturing, positive impingement and impingement reinforcement noted to be present with neurovascular status grossly intact to the right upper extremity. The plan of care included surgical intervention and authorization was requested for postoperative aquatic therapy (2x4) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Aquatic Therapy, Twice Weekly for 4 Weeks, Right Shoulder Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: California MTUS guidelines recommend aquatic therapy 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. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia but regular exercise and higher intensities may be required to preserve most of these gains. The documentation provided does not indicate why land based therapy cannot be utilized for the shoulder. Documentation does not indicate the need for reduced weight bearing. As such, the request for pool therapy is not supported and the medical necessity of the request has not been substantiated, not medically necessary.