MAXIMUS Federal Services

Case Number:	CM15-0076439		
Date Assigned:	04/28/2015	Date of Injury:	09/04/2011
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42 year old male who sustained an industrial injury on 9/4/11. The injured worker reported symptoms in the shoulder and neck. The injured worker was diagnosed as having pain in joint shoulder region, degeneration cervical intervertebral disc, degeneration thoracic/lumbar intervertebral disc and adhesive capsulitis of shoulder. Treatments to date have included activity modification, topical patch and physical therapy. Currently, the injured worker complains of shoulder pain. The plan of care was for physical 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:

Physical therapy, land and water, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98-99, and 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy, land and water, two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are adhesive capsulitis shoulder; chronic pain; osteoarthritis shoulder region; pain in joints, shoulder region. The injured worker is status post arthroscopy (Bankhart) on December 21, 2014. According to a physical therapy progress note dated March 3, 2015, the injured worker completed 24 sessions of physical therapy. The documentation indicates the injured worker has minimal pain complaints and good range of motion. A March 3, 2015 progress note from the treating provider shows, objectively, the injured worker has strength 4/5 with left restricted shoulder range of motion. There is no clinical rationale in the medical record indicating why water-based therapy (aquatic therapy) is clinically indicated. There is no documentation of minimization of the effects of gravity or reduce weight bearing plays a role in the physical therapy to the affected shoulder. Additionally, there are no compelling clinical facts indicating additional physical therapy (over and above 24 physical therapy sessions received) is warranted. Consequently, absent clinical documentation with compelling clinical facts indicating additional physical therapy is clinically warranted and a clinical rationale for water (aquatic therapy), physical therapy, land and water, two times per week times six weeks is not medically necessary.