

Case Number:	CM15-0077897		
Date Assigned:	05/05/2015	Date of Injury:	08/05/2006
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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: Massachusetts

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 (IW) is a 67-year-old female who sustained an industrial injury on 08/05/2006. Diagnoses include primary localized osteoarthritis of the shoulder region and rotator cuff sprain and strain. Treatment to date has included medications, steroid shoulder injections, aquatic therapy and home exercise. Diagnostics included x-rays and an MRI. According to the progress notes dated 4/13/15, the IW reported issues attributed to the left shoulder: difficulty sleeping at night and with repetitive overhead activities and weakness. The provider did not feel the IW was a candidate for another steroid injection due to her diabetes; conservative treatment would be pursued with aquatic therapy, citing its benefit to her in the past. A request was made for aqua therapy twice weekly for six weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x6 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for shoulder and bilateral knee pain. Bilateral total knee replacement surgery was being planned. When seen, the claimant's BMI was over 43. The assessment references having previously had aquatic therapy with excellent relief of symptoms. Physical examination findings included decreased knee range of motion, which was limited by the claimant body habitus. There was crepitus and positive patellar grind testing. She had decreased and painful and stiff left shoulder range of motion with decreased strength and positive impingement testing. In this case, the claimant is morbidly overweight and has osteoarthritis of both knees. Aquatic therapy has already been provided. Transitioned to an independent pool program would be expected and would not require the additional number of treatments being requested. Additionally, the specific request was for treatment of the claimant left shoulder. Aquatic therapy for the shoulder would not be indicated, as the claimant would be expected to be able to participate in conventional land based therapy for her shoulder. For these reasons, the request is not medically necessary.