

Case Number:	CM15-0079868		
Date Assigned:	04/30/2015	Date of Injury:	09/26/2012
Decision Date:	05/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58-year-old female, with a reported date of injury of 09/26/2012. The diagnoses include chronic left shoulder adhesive capsulitis, and underlying left shoulder rotator cuff tendonitis. Treatments to date have included Gabapentin. The progress report dated 02/25/2015 indicates that the injured worker continued to have pain in her left shoulder. The pain radiated into the left elbow and left hand. Mobility of her left shoulder was restricted. The injured worker was not working. The objective findings include restricted left shoulder range of motion, tenderness over the left subacromial bursa and anteriorly over the bicipital tendon, some tenderness to palpation over the dorsal ganglion cyst on the left wrist, and mildly painful left wrist range of motion. The treating physician requested eight aqua therapy sessions 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 2 x per week x 4 weeks (8 sessions) for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212.

Decision rationale: This 58 year old female has complained of shoulder pain since date of injury 9/26/12. She has been treated with physical therapy and medications. The current request is for Aqua Therapy 2 x per week x 4 weeks (8 sessions) for the left shoulder. Per the ACOEM guidelines cited above, aqua therapy is not a recommended physical treatment modality for shoulder pain. On the basis of the available medical documentation and per the ACOEM guidelines cited above, Aqua Therapy 2 x per week x 4 weeks (8 sessions) for the left shoulder is not indicated as medically necessary.