

Case Number:	CM15-0094624		
Date Assigned:	05/20/2015	Date of Injury:	03/30/2012
Decision Date:	06/29/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 37 year old female, who sustained an industrial injury on 3/30/2012. Diagnoses include right shoulder internal derangement and right arm strain. Treatment to date has included diagnostics including electrodiagnostic testing and magnetic resonance imaging (MRI), medications, physical therapy, injections and extracorporeal shockwave therapy. EMG (electromyography)/NCS (nerve conduction studies) dated 4/14/2015 severe bilateral median neuropathy at the wrist. Per the Primary Treating Physician's Progress Report dated 3/31/2015, the injured worker reported right shoulder and right arm pain. Physical examination revealed +2 tenderness of the right shoulder. The plan of care included, and authorization was requested for aqua therapy (2x6) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the right shoulder, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder; Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The patient sustained an injury to the shoulder on 3/30/12. The patient was diagnosed with internal derangement right shoulder and sprain and strain of shoulder. Magnetic resonance imaging dated 4/8/15 documented no significant abnormality noted of the lumbar spine. Magnetic resonance imaging dated 4/8/15 documented small amount of fluid within both hip joints but no evidence of bony pathology, bursal pathology or pelvic mass. The progress report dated 3/31/15 noted pain in the right shoulder and right arm and pain in the right hip and thigh and right leg and lower back. Physical examination revealed tenderness over the right shoulder. The treatment plan included aqua therapy two times per week for six weeks (12) for the right shoulder. Functional improvement with past physical medicine treatments were not documented. The request for 12 aquatic therapy visit would exceed MTUS and ODG guideline recommendations, and is not supported. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable. The 3/31/15 progress report does not establish the need for reduced weight bearing. MTUS and ODG guidelines do not support request for 12 aquatic therapy visits. Therefore, the request for aqua therapy is not medically necessary.