

<b>Case Number:</b>	CM15-0098409		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/01/1993
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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

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 is a 62 year old male who sustained an industrial injury on 06/01/1993. Current diagnoses include partial versus full thickness cuff tears of the bilateral shoulders and history of Brown-Sequard syndrome. Previous treatments included medication management, physical therapy, aqua therapy, carpal tunnel surgery, cervical surgeries, medial branch rhizotomy, injections, and left foot surgery. Report dated 04/15/2015 noted that the injured worker presented with complaints that included bilateral shoulder pain. Pain level was not included. Physical examination was positive for forward elevation to about 145 degrees on the right and 155 degrees on the left, and external rotation is 70 degrees with adduction. The treatment plan included continuing to request physical therapy, land and pool for his lower extremity weakness, and follow up in 4-6 weeks. Documentation supports that the injured worker has received numerous sessions of physical therapy. Disputed treatments include 18 sessions of physical therapy and 18 sessions of pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 18 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many sessions of therapy the patient is already undergone, making it impossible to determine whether the patient has reached the maximum number recommended by guidelines for their diagnoses. Additionally, guidelines do not support the application of 18 visits of therapy, and require follow-up with documentation of objective functional improvements to support additional therapy sessions. As such, the currently requested additional physical therapy is not medically necessary.

**Pool therapy x 18 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, guidelines do not support the application of 18 visits of therapy, and require follow-up with documentation of objective functional improvements to support additional therapy sessions. As such, the currently requested aquatic therapy is not medically necessary.