

<b>Case Number:</b>	CM13-0030606		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, knee, midback, elbow, forearm, and low back pain reportedly associated with an industrial injury of May 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; prior left and right knee arthroscopies in May and April 2013; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a utilization review report of September 5, 2013, the claims administrator denied a request for eight sessions of aquatic therapy for the shoulder. The applicant's attorney subsequently appealed. The request for authorization from dated August 27, 2013 is reviewed and the aquatic therapy is apparently sought for neck pain, midback pain, low back pain, shoulder pain, and elbow pain as opposed to just the shoulder alone. In a physical therapy evaluation report of August 13, 2013, it is stated that the applicant has never previously attempted aquatic therapy. The applicant is still using a single point cane, it is stated. The applicant does not have a home TENS unit but is apparently receiving manipulative therapy. He exhibits limited range of motion about the spine and lower extremity strength which ranges from 3+ to 5-/5. There is diminished sitting and walking tolerance appreciated. An eight-session course of aquatic therapy is sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Aquatic Therapy for the left shoulder, 2 x week for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2.

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

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants who have some absolute or relative contraindication to participation in land-based therapy or land-based exercises. In this case, the applicant was status post recent knee arthroscopies as of the date of the utilization review report. He was reportedly having difficulty ambulating, per the physical therapy evaluation. He was ambulating with the aid of a cane. He does have multiple foci of pain, including the spine, shoulders, elbows, knees, etc. An eight-session course of aquatic therapy was an appropriate treatment option, given all of the applicant's reported difficulties in terms of ambulating and multiplicity of body parts injured. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.