

<b>Case Number:</b>	CM13-0032956		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 patient is a 51-year-old female who reported a work-related injury on 04/18/2012, as a result of a fall. Subsequently, the patient is status post a rotator cuff repair to the right shoulder as of 03/05/2013. The clinical notes document the patient attended 30+ sessions of physical therapy postoperatively. The clinical note dated 09/03/2013 reported the patient was seen under the care of [REDACTED]. The provider documents the patient continues with right shoulder pain rated at 3/10 to 4/10 and cervical spine pain rated at 5/10. The provider documented the patient was to continue home exercises, utilization of cold/hot packs, await authorization for aquatic therapy and continue utilization of pain medications as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, two times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99 page 22.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with right shoulder pain complaints status post

a work-related fall with injury sustained in 04/2012 and subsequent surgical interventions performed to the right shoulder as of 03/2013 indicative of a rotator cuff repair. The provider is recommending continued aquatic therapy interventions for the patient's pain complaints about the shoulder and cervical spine. However, the most recent clinical note submitted for review evidencing a thorough physical exam of both the patient's cervical spine and right shoulder revealed minimal decreases in range of motion about the shoulder and the cervical spine. As the patient completed over 30 sessions of physical therapy postoperative to her right shoulder rotator cuff repair, further supervised therapeutic interventions are not supported. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The provider recommended the patient continue utilization of an independent home exercise program for her pain complaints. Given all of the above, the request for aquatic therapy, two times a week for six weeks is neither medically necessary nor appropriate.