

<b>Case Number:</b>	CM13-0038155		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 41 years old female who worked as a CNA (certified nurse's assistant) at [REDACTED]. Her stated date of injury is 8/9/2010. Mechanism of injury: She stated that she was trying to flip the patient over when he fell back onto her and his weight bore down onto her with resultant shoulder injury she suffered another shoulder injury while changing a diaper on one of her assigned patients. On 08/13/2010, the patient was seen by a [REDACTED] where she was diagnosed with sprain of shoulder and arm. X-rays of her cervical spine and right shoulder were taken. She was prescribed with Cyclobenzaprine and Naproxen for her pains was dispensed with hot/cold pack, Thermophore electric moist heat pack and a cervical roll. She was referred to physical therapy 3 times a week for 2 weeks. The patient was released to modified work duty of no overhead work, limited lifting, pushing and pulling of up to 10 pounds and no patient transfers. In the PR-2 of 8-27-13. Claimant states that pain is better but it returns following activities and is having difficulty with ADL's and pain level is 4-7/10. On exam of shoulder ROM is better but positive Neers and spasm right trapezius crepitus on AROM. Diagnosis is Status post right shoulder surgery, cervical sprain. A peer to peer communication between the previous UR physician and the treating physician on 8/28/13 the treating physician indicated that patient has failed formal land based physical therapy as well as steroid injections and patient does not want to undergo further surgery and she has seen a QME recently who also agrees that more therapy is indicated. 9/24/13 progress report by [REDACTED] indicates that the patient has ongoing right shoulder and neck pain. On exam there was cervical and right shoulder decreased range of motion. This request includes aquatic therapy at the [REDACTED]. The treating physician submitted an RFA on 09/25/2013, requesting for [REDACTED], once a week for 4 weeks

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **AQUATIC THERAPY AT [REDACTED] GYM TO UTILIZE SWIMMING POOL FOR 3 MONTHS 1X3:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**Decision rationale:** Regarding the request for Aquatic Therapy at [REDACTED] Gym to utilize swimming pool for 3 months 1X3, there was a Notice of Modification issued on 10/01/2013 which indicated that the patient had been authorized to have 8 sessions of aquatic therapy under the supervision of a physical therapist, however there was no discussion of the patient's response to this treatment with report of objective functional improvement. The current request for aquatic therapy was because the treating physician did not abide by the original Modification Letter which stipulated finding an aquatic program supervised by a physical therapist, initiating the approved care, and discussing the objective improvements in functional in the 8 approved sessions, and the request for 4 additional visits was therefore deemed in appropriate. There was no evidence that the patient had completed the 8 sessions authorized on 08/28/2013. The ODG guideline recommended aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." With respect to gym membership, the guide line does not support it. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.