

<b>Case Number:</b>	CM13-0040111		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 31 year old female with a right shoulder injury dated on October 22, 2012. MRI of the right shoulder done on 12/18/12 identified impingement syndrome and adhesive capsulitis. The patient underwent arthroscopic surgery on March 22, 2013. She began physical therapy treatments post surgically on May 16, 2013. Treatments were aquatherapy twice weekly and land-based therapy once weekly. There is documentation for a total of 31 treatments between May 16, 2013 and August 8, 2013. The patient responded well to the treatment and was making progress. She was experiencing more upper back and neck pain on the physician's visit for August 27, 2013. Request for authorization for 12 Pool Aquatherapy visit for upper back was submitted on August 27, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Pool/Aquatic therapy visits for the upper back 2 times a wk for 6wks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Aquatic Therapy.

**Decision rationale:** Aquatherapy is recommended 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Post surgical guidelines for arthroscopy for adhesive capsulitis and shoulder impingement syndrome recommend 24 visit over 14 weeks with a postsurgical treatment period of 6 months. In this case the number of physical therapy treatment visits had already surpassed the recommended number of visits. In addition, review of the physical exam revealed that the right shoulder function was very close to normal. Medical necessity is not established for extended physical therapy.