

<b>Case Number:</b>	CM13-0043283		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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:

This patient is a 44-year-old with date of injury of October 29, 2011. Per treater's report October 3, 2013, the patient presents with right shoulder, wrists, elbow, cervical spine, and lumbar spine pain. The patient has severe spasms in the back and is currently going through physical therapy Final Determination Letter for IMR Case Number CM13-0043283 3 for right shoulder. Listed diagnoses are a bunch of CPT codes; however, report by [REDACTED] on April 30, 2013 lists diagnoses of right rotator cuff tear secondary to work-related injury, history of tobacco use. Diagnosis by [REDACTED] July 15, 2013 has clinical and EMG (electromyography) evidence of carpal tunnel syndrome on the right wrist. Going back to [REDACTED] report on October 13, 2013, the provider does request authorization for aquatic therapy for the patient's right shoulder 3 times 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 three times a week for four weeks for the right shoulder:** Upheld

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

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

**Decision rationale:** This patient presents with chronic persistent shoulder pain. The request is for aqua therapy 3 times a week for 4 weeks for total of 12 sessions. MTUS Guidelines page 22 states that aquatic therapy is recommended as an option for a form of exercise therapy where available as an alternative to land-based physical therapy. It is recommended where reduced weightbearing was desirable for example in extreme obesity. In this case, the treating physician does not document that this patient presents with extreme obesity. There is also no documentation as to why reduced weightbearing is desirable to treat this patient's shoulder. There does not appear to be a reason why therapy cannot be provided on land. Furthermore, MTUS Guidelines allow 8 to 10 sessions of physical therapy sessions for myalgia or myositis-type of pain that this patient suffers from. The request for aquatherapy, three times per week for four weeks for the right shoulder, is not medically necessary or appropriate.