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| <b>Case Number:</b>   | CM13-0066804 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 12/16/2011 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 11/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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 Medicine, and is licensed to practice in 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 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:

The patient is a 58-year-old male who reported an injury on 12/15/11. The mechanism of injury was a fall. The patient is currently diagnosed with cervical spine disc bulges, thoracic spine strain, lumbar spine strain, and right shoulder internal derangement. The patient was seen by [REDACTED] on 11/7/13. The patient reported persistent pain in the lower back, upper back, and right shoulder. Physical examination revealed slightly diminished lumbar range of motion, 5/5 motor strength, and intact sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE TREATMENT OF THE RIGHT SHOULDER AND LOW BACK: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

**Decision rationale:** The California MTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land based physical therapy. As per the documentation submitted, there was no comprehensive physical examination

of the patient's right shoulder on the requesting date of 11/7/13. The medical necessity for the requested service has not been established. There is no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. Additionally, the California MTUS guidelines state that physical medicine treatment for myalgia or myositis includes 9-10 visits over eight weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.