

<b>Case Number:</b>	CM13-0067275		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/10/2013
<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 Occupational Medicine 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:

The patient is a 69 year old male who was injured on 04/11/2006. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the right shoulder without contrast dated 03/15/2013 revealed limited delamination tear of the supraspinatus tendon at the myotendinous junction, medially extending to communicate with the bursal surface fibers. MRI of the left shoulder dated 03/15/2013 revealed a mild rotator cuff tendinopathy, but no recurrent tears of the rotator cuff tendons. PR2 dated 03/21/2014 stated the patient reported having constant, moderate pain with a 10 in severity in his right shoulder and arm. Physical findings revealed the patient weighed 240 lbs. He was alert and oriented. His speech was intact. His gait was normal. His coordination was grossly intact. There was tenderness and swelling in the right shoulder; abduction of right shoulder was 90 degrees; flexion was 110 degrees; left shoulder range of motion was within normal limits. The patient was diagnosed with sprains and strains of shoulder and upper arm; and shoulder impingement. PR2 dated 01/13/2014 documented the patient to report his pain as constant and moderate with 4-5/10 in severity in the right shoulder and arm. On exam, his blood pressure was 120/70. His weight was 246 lbs. The patient was alert and oriented. His speech was intact. His gait was normal. The patient had increased pain especially with activities. His right shoulder was tender. The patient was being referred to an orthopedic for a second opinion. The patient was diagnosed with sprains and strains of shoulder and upper arm; and shoulder impingement. PR2 dated 11/25/2013 indicated the patient presented with complaints of pain which he rated as 10/10 in both arms. The right arm was worse than the left. The patient stated his right arm was almost immobile due to the pain. His shoulders also hurt. His greatest pain was in his right bicep/arm. It was recommended that the patient receives at least 1 month of aquatic therapy at [REDACTED] to help with pain, range of motion and strength. PR2 dated 10/28/2013 reported the patient was in for routine follow-up. The patient

complained of constant severe pain in his right shoulder and upper arm. Objective findings on exam revealed he weighed 255 lbs. The patient was alert and oriented. His speech was clear. His gait was steady. He was ambulating without any assistive device. The patient had tenderness in the right shoulder. He rated his pain at 8/10 on the right shoulder, 6/10 on the left. His range of motion was within functional limits. The patient was diagnosed with sprains and strains of shoulder and upper arm; and shoulder impingement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**UNKNOWN SESSIONS OF AQUATIC THERAPY FOR 1 MONTH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As per CA MTUS Guidelines, Recommended as an optional form of exercise therapy, where available, as an alternative to landbased 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." In this case, this patient has chronic bilateral shoulder/arm pain. There is documentation that the patient's gait is steady and no difficulty ambulation. However, the guidelines recommend aquatic therapy when reduced weight bearing is required. Also, there is no documentation that this patient is unable to tolerate land-based physical therapy. Thus, the request for aquatic therapy is not medically necessary and appropriate.