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| <b>Case Number:</b>   | CM14-0008434 |                              |            |
| <b>Date Assigned:</b> | 02/12/2014   | <b>Date of Injury:</b>       | 05/01/2007 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 01/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/22/2014 |

### 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 Internal Medicine and is licensed to practice in California, Colorado, North Carolina, and Kentucky. 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 injured worker is a 54 year old female whose date of injury is 05/01/2007. The mechanism of injury is described as lifting and throwing trash bags. Treatment to date includes right shoulder surgery in May 2008, physical therapy, L4-5 epidural steroid injection, medication management and diagnostic testing. Diagnoses are listed as right carpal tunnel syndrome, right shoulder rotator cuff tear and lumbar radiculopathy. Progress report dated 10/07/13 demonstrates the injured is having more pain and would like to increase her pain medications again. Progress note dated 10/24/13 indicates the injured is in significant pain in the shoulder and low back. She walks slowly with a cane. Strength is decreased in the bilateral lower extremities to 4/5. Note dated 11/21/13 indicates there is no significant change in physical examination. Note dated 12/19/13 indicates the injured worker is walking slowly with a walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY TIMES 8 (BODY PART NOT SPECIFIED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,

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

**Decision rationale:** California Medical Treatment Utilization Schedule (CAMTUS) guidelines support aquatic therapy when reduced weightbearing is desirable. There is no rationale provided as to why the injured worker is unable to perform land-based physical therapy or a home exercise program. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is nonspecific and does not indicate which body part is to be treated. Based on the clinical information provided, the request for eight aquatic therapy visits is not recommended as medically necessary.