

<b>Case Number:</b>	CM14-0009965		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 claimant is a 60-year-old female who was injured in a work related accident on 04/13/10. The medical records provided for review that pertains to the claimant's right shoulder and left knee documented that the claimant was status post right shoulder arthroscopy, rotator cuff repair, biceps tenodesis, subacromial decompression and distal clavicle excision performed on 11/14/13 as well as left knee arthroscopy in June 2013. The 01/07/14 progress report noted continued complaints of right shoulder and left knee pain. The report documents that the claimant recently completed 12 sessions of physical therapy for the right shoulder with improvement in terms of motion and strength. There is also a request for pool therapy twice weekly for six weeks for the knee. Physical examination findings for the knee were not provided and there was no documentation of recent treatment for the knee. There were no clinical imaging reports for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE RIGHT SHOULDER 2X6 QTY:12:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, SPRAINED SHOULDER; ROTATOR CUFF,

**Decision rationale:** Based on Postsurgical Rehabilitative Guidelines, 12 additional sessions of physical therapy for the right shoulder is medically necessary. This individual has only undergone 12 sessions of physical therapy since the time of the rotator cuff repair on 11/14/13. The requested 12 additional sessions would satisfy guidelines that do support up to 24 sessions in the postoperative setting. Therefore the request is medically necessary.

**POOL THERAPY FOR THE LEFT KNEE 2X6 QTY: 12:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY; PHYSICAL MEDICINE, 22, 98-99

**Decision rationale:** Based on Chronic Pain Guidelines, aquatic therapy for the left knee for 12 sessions is not medically necessary. In the medical records provide for review there is no documentation to determine why this claimant would not be able to perform land based home exercises. While it is noted that the claimant had prior surgery on his left knee in June 2013, there is no documentation of recent physical examination findings, imaging or other forms of conservative care that have been utilized. The acute need for 12 sessions of aquatic therapy at this chronic stage in the claimant's care is not medically necessary.