

<b>Case Number:</b>	CM14-0137989		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 58-year-old obese woman who had a door hit her left shoulder causing her right shoulder to hit a wall on July 13, 2012. She has a right rotator cuff repair, acromioplasty and Mumford procedure in May 2013 and left debridement, acromioplasty and Mumford procedure on April 30, 2014. She reports increased pain in her left shoulder with constant burning, electrical sensations, and tingling down the back of her arm towards her hand, extreme sensitivity to cold and inability to use her left hand. She has upper extremity hypersensitivity with pain, cold sensitivity and guarded posturing. She has been diagnosed with possible complex regional pain syndrome. Physical therapy strategy is to work on strength after range of motion has been improved and it was noted that she might benefit from aquatherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic physical therapy 1 times 6 (6 visits) to left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Pain (Chronic), Physical Medicine

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Although this worker has had physical therapy for her shoulders, given her persistent, diffuse and refractory symptoms, it is reasonable to use warm water aquatherapy as an alternative modality to increase range of motion. The amount requested for this worker with a history of bilateral shoulder surgery and possible left upper extremity complex regional pain syndrome is below the recommended amount. Per the Official Disability Guidelines, under Physical Medicine, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Eight to ten visits over 4 weeks for radiculitis are recommended. The request for 6 visits of the aquatic therapy is considered medically necessary.