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| <b>Case Number:</b>   | CM14-0153954 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 04/02/2012 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 09/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a patient with a date of injury of April 2, 2012. A utilization review determination dated September 6, 2014 recommends noncertification of aquatic therapy. An operative report dated July 3, 2012 indicates that the patient underwent arthroscopic repair for a rotator cuff tear and resection of the distal clavicle. A progress report dated July 23, 2014 identifies subjective complaints of inflamed right upper back after receiving chiropractic therapy. The patient also complains of stabbing right shoulder pain associated with different movements. Objective examination findings reveal a right shoulder with normal range of motion. The diagnosis is thoracic sprain/strain and residuals from right shoulder after arthroscopic surgery. The treatment plan recommends continuing home exercise, and performing aqua therapy. An MRI arthrogram is also pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy visits, 2 -3 times a week for 6 weeks for the right shoulder (qty 12-18):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for aquatic therapy for the shoulder, Guidelines do not contain criteria for the use of aquatic therapy in the treatment of shoulder conditions. Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it appears further imaging is being requested to evaluate the ongoing shoulder pain following surgery. It seems reasonable to await the outcome of that imaging study prior to embarking on any additional therapy. Additionally, it is unclear why reduced weight bearing would be appropriate for this patient with a shoulder injury. Reduced weight-bearing is generally recommended for back and knee conditions, but not upper extremity issues. Additionally, the number of treatments requested (12-18 sessions) exceeds the initial 6 visit trial recommended by ODG. In the absence of clarity regarding those issues, the currently requested aquatic therapy for the shoulder is not medically necessary.