

<b>Case Number:</b>	CM14-0154268		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/10/2014
<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 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 injured worker is a 60-year-old female who reported an injury on 05/06/2013. The mechanism of injury was not stated. Previous conservative treatment is noted to include physical therapy, aquatic therapy, and medication management. The injured worker was evaluated on 09/02/2014. The current diagnoses include repetitive motion syndrome, musculoligamentous sprain of the cervical spine, cervical degenerative joint disease, and trapezius scapular strain. The injured worker presented with complaints of constant pain in the right shoulder. Physical examination revealed tenderness to palpation of the right shoulder with normal range of motion and strength. Treatment recommendations at that time included additional aquatic therapy. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2 x week x 3 weeks:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. There is no indication that this injured worker requires reduced weight bearing as opposed to land based physical therapy. There was also no specific body part listed in the request. As such, the request is not medically appropriate.