

<b>Case Number:</b>	CM14-0059800		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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. 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 55 year old female was injured when she either slipped or tripped on something and fell while inside of a refrigerator at work. She fell hitting herself on the right upper part of her chest and right shoulder. The date of injury was September 5, 2012. Diagnoses include left shoulder impingement, AC joint arthrosis and partially torn rotator cuff. Treatment modalities included medications, physical therapy and acupuncture. It was noted that the injured worker attained maximum benefit from physical therapy. On October 22, 2013, an electrodiagnostic study revealed evidence of severe median motor-sensory nerve entrapment at the wrist on the right, evidence of an acute right C5-C6 cervical radiculopathy and evidence of an acute left L5 and S1 lumbosacral radiculopathy. On October 24, 2013, she underwent left shoulder arthroscopy, arthroscopic subacromial decompression and an arthroscopic Mumford procedure. On November 18, 2013, an MRI of the right shoulder showed no full thickness tear of the rotator cuff, fluid seen in the subacromial/subdeltoid space suspicious for bursitis and supraspinatus tendinopathy. A physician summary dated January 9, 2014 stated that the injured worker reports some slight decrease pain in the postop right shoulder, down from a 6 - 5 on a 0-10 pain scale. Her biggest problem was noted to be the use of the right upper extremity above the shoulder to carry out activities of daily living involving that area. Active range of motion was noted at the right shoulder. Flexion was improved from 148 degrees to 157 degrees, abduction improved from 135 degrees to 144 degrees and external rotation improved from 56 degrees to 60 degrees. A request was made for 8 aqua therapy visits for the right shoulder. On April 23, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 aqua therapy visits for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section,  
Aqua Therapy Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, 8 aqua therapy visits are not medically necessary. The ODG preface states patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guidelines state 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. In this case, there is no indication of clinical rationale stating why water-based therapy is preferred over that of a land based physical therapy program. There is documentation in the medical record that the injured worker received prior physical therapy due to a rotator cuff repair October 24 of 2013. The number of sessions and functional objective improvement does not document the medical record. Additionally, the injured worker is already on a home exercise program. Consequently, there is no clear rationale for aquatic therapy and no clear rationale for additional physical therapy based on the documentation contained in the medical record. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, 8 Aqua therapy visits to the right shoulder is not medically necessary.