

<b>Case Number:</b>	CM13-0060701		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/2005
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 12/3/05. A utilization review determination dated 11/20/13 recommends non-certification of aquatic therapy. PR note dated 10/17/2013 documented the patient to have complaints of constant left shoulder pain, sharp and throbbing. She reported the pain was better overall, ranging anywhere from 6 to 8 depending on what she was doing. She was taking ketoprofen to relax; that helped to alleviate the pain. She had pain with palpation over the deltoid region and decreased range of motion. There were range of motion abnormalities with extension 40 degrees and abduction 70 degrees; positive Hawkins sign on the left; motor strength examination was 4/5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the bilateral shoulder, 2 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

**Decision rationale:** Regarding the request for aquatic therapy, 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. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than active participation in a land-based program such as independent home exercise, especially for an upper extremity injury where reduced weight bearing would not likely be advantageous. In the absence of such documentation, the currently requested aquatic therapy is not medically necessary.