

<b>Case Number:</b>	CM14-0182662		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 patient has chronic shoulder pain. On physical examination active and passive range of right shoulder motion is normal while left shoulder active range of motion is reduced. Sensation of both shoulders is normal. Patient is diagnosed with left shoulder pain and limited range of motion. Patient's date of injury is March 4, 2014. The patient is taking extra strength Tylenol. The patient had left shoulder arthroscopic rotator cuff surgery in September 2014. X-rays from October 2014 showed surgical anchors in good position. The patient is using continuous passive motion machine. At issue is whether pool therapy is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy two times a week for six weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** MTUS guidelines do not support the use of pool therapy at this time. The patient has had recent shoulder surgery. The medical records do not document exactly how much postoperative physical therapy the patient has had. In addition, guidelines do not support

the use of pool therapy for improving outcomes after shoulder surgery. Criteria for pool therapy have not been met. The request is not medically necessary.