

<b>Case Number:</b>	CM14-0202485		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female who reported an injury on 04/03/2012. The mechanism of injury reportedly occurred when the injured worker was working as a cook and an oven door hit her in the right shoulder. Her diagnoses included right shoulder rotator cuff tear, cervical spine sprain, cervical spine spondylosis, thoracic spine sprain. Past treatments included right shoulder arthroscopic rotator cuff repair on 07/15/2013, physical therapy, and acupuncture. Diagnostic studies included an x-ray dated 04/05/2012, which was noted to reveal no acute osseous injury; and an MRI of the right shoulder dated 06/08/2012, which was noted to reveal full thickness tear of the supraspinatus and infraspinatus tendon with sufficient retraction, degenerative joint disease, subscapularis teres minor tendons, downward sloping acromion, and degenerative joint disease of the acromioclavicular joint. On 12/18/2014, the injured worker complained of shoulder pain rated at a 7/10, described as aching and sharp, stabbing. The physical examination revealed tenderness to palpation of the acromioclavicular joint, flexion at 110 degrees, and abduction at 100 degrees. Her current medications were not noted. The treatment plan included continuation of home exercise program and a followup with orthopedic surgeon. A request was received for aquatic therapy 8 sessions (2x4). The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy eight sessions (2x4): 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 Physical Medicine; Aquatic therapy Page(s): 98-99; 21.

**Decision rationale:** The request for aquatic therapy 8 sessions (2x4) is not medically necessary. The California MTUS Guidelines recommend up to 24 visits of post-surgical treatment of a rotator cuff tear for up to 6 months following surgery. The clinical information indicated that the patient underwent an arthroscopic rotator cuff repair on 07/15/2013 followed by physical therapy. However, there was no documentation with evidence of the number of physical therapy sessions completed to date. In addition, there was no documentation with quantifiable evidence of functional improvement. Given the absence of the information indicated above, the request is not supported. In addition, the treatment plan indicates that the injured worker is currently participating in a home exercise program. However, there was no documentation with evidence of a rationale for aquatic therapy as opposed to a home exercise program. Therefore, the request is not medically necessary.