

<b>Case Number:</b>	CM14-0039145		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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

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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 11/01/2011. Initial complaints, mechanism of injury and initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, and psychological/psychiatric evaluation. At the time of the request for services, the injured worker complained of multiple body parts with the most concern being for the numbness in the left arm and left leg. Diagnoses at this time included right shoulder partial rotator cuff tear, left shoulder rotator cuff tear, lumbago, left leg sciatica, and post-traumatic stress disorder. The treatment plan was to include 6 sessions with a personal trainer at the [REDACTED] in order to move forward with self-directed aquatic therapy program for overall conditioning, a functional capacity evaluation 2 months after starting the aquatic program, continued work/activity restrictions, and continued medication (Norco).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Year self-Directed Aquatic therapy program, for the left shoulderr, as an Outpatient:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

<https://www.acoempracguides.org/Shoulder> : Table 2, Summary of recommendations, Shoulder Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for 1 Year self-Directed Aquatic therapy program, for the left shoulder, as an Outpatient, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of aquatic equipment, or that the physician is overseeing the exercise program. In the absence of such documentation, the currently requested 1 Year self-Directed Aquatic therapy program, for the left shoulder, as an Outpatient is not medically necessary.