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| <b>Case Number:</b>   | CM15-0105770 |                              |            |
| <b>Date Assigned:</b> | 06/10/2015   | <b>Date of Injury:</b>       | 08/27/2012 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 04/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52-year-old female, who sustained an industrial injury on 8/27/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right shoulder pain and dysfunction, right shoulder possible rotator cuff tear, cervical spinal strain, cervical radiculitis, and status post right shoulder arthroplasty/debridement 7/24/14. Treatments to date include activity modification, twenty-four physical therapy sessions and initiation of aquatic therapy. Currently, she complained of pain in the shoulder with overhead lifting and activity. On 4/15/15, the physical examination documented tenderness to the cervical spine with guarding and pain with range of motion. There was tenderness noted to the anterior shoulder. The plan of care included additional aqua therapy three times weekly for six weeks for the right shoulder and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 3 times a week for 6weeks for right shoulder and cervical spine:** 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  
aqua therapy Page(s): 22.

**Decision rationale:** 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had previously performed physical therapy in 2014 and at least 6 prior sessions of aqua therapy. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.