

<b>Case Number:</b>	CM15-0168677		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina  
 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 65 year old female who sustained an industrial injury on 01-18-2013. Current diagnoses include right shoulder impingement syndrome, right shoulder pain, right shoulder sprain-strain, status post surgery-right shoulder, right knee pain, right knee sprain-strain, and status post surgery-right knee. Report dated 07-16-2015 noted that the injured worker presented with complaints that included right shoulder pain with radiation to the right arm, and right knee pain. Pain level was 7 (right shoulder) and 6 (right knee) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-16-2015 revealed decreased range of motion with pain in the right shoulder and right knee, tenderness to palpation of the right knee and right shoulder, supraspinatus test is positive in the right shoulder, and McMurray's is positive in the right knee. Previous treatments included medications, surgical interventions, 24 physical therapy sessions, and 15 acupuncture session. The treatment plan included referring to acupuncture, medication as needed, refer to orthopedic for discussion of treatment options for the right knee, referred to aquatic therapy to increase range of motion and activities of daily living, and decrease pain for the right shoulder and right knee. The injured worker is to remain off work until 08-30-2015. The injured worker has been seen on a monthly basis since at least 04-02-2015. The utilization review dated 07-28-2015, non-certified the request for 6 aquatic therapy sessions for the right shoulder and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the right shoulder and right knee, quantity: 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** The California MTUS section on aquatic therapy states: 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) the provided medical records for review do not show the patient to meet criteria as cited above and therefore the request is not medically necessary.