

<b>Case Number:</b>	CM15-0196586		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 67 year old female with an industrial injury dated 12-01-2004. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia with left arm radiculopathy, left shoulder pain and left shoulder rotator cuff tear status post repair. Medical records (02-12-2015 to 09-03-2015) indicate left shoulder pain and cervical spine pain. The injured worker reported ongoing neck pain with radiculopathy in the left side in the second, third, fourth fingers of the left hand. The injured worker also reported complete numbness to her left forearm at times. Objective findings (02-12-2015 to 09-03-2015) revealed cervical forward flexion 45 degrees, cervical extension 60 degrees, rotation to the left 60 degrees, rotation to the right 65 degrees, lateral bending to the left 45 degrees, lateral bending to the right 50 degrees, and positive Spurling test on the left with numbness in the 3rd- 5th finger of her left hand. Left shoulder exam revealed tenderness both lateral to acromion and intertubercular sulcus. Impingement, Hawkin's, Speed and Obrien test were all positive. Mild weakness of the left shoulder flexion and abduction was also noted on exam. Treatment has included diagnostic studies, prescribed medications, unknown amount of aquatic therapy and periodic follow up visits. The treatment plan (09-03-2015) included medication management, aquatic therapy and follow up visit. The injured worker is retired. The injured worker reported that the injured worker had completed aquatic therapy with formal instructions and was proficient with the exercises that most benefited her conditions. There were no aquatic therapy reports submitted for review. The treating physician prescribed services for one-year self-direct

aquatic therapy, cervical and left upper extremity. The utilization review dated 09-23-2015, non-certified the request for one-year self-direct aquatic therapy, cervical and left upper extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One year self direct aquatic therapy, cervical and left upper extremity:** Upheld

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

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

**Decision rationale:** 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 medical records submitted for review contain no rationale as to why the injured worker is unable to perform land-based physical therapy. The request is not medically necessary.