

<b>Case Number:</b>	CM15-0208870		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 68 year old male who sustained an industrial injury on 12-06-10. The injured worker reported pain in the left arm and shoulder and left knee. A review of the medical records indicates that the injured worker is undergoing treatments for left supraspinatus tendinosis, left knee medial meniscus tear and left foraminal narrowing. Medical records dated 9-21-15 indicate pain rated at 7 out of 10. Treatment has included status post right shoulder arthroscopy, a Psychiatric evaluation, Ibuprofen, Norco since at least July of 2015, Effexor since at least July of 2015, Terocin patches since at least July of 2015, Lyrica since at least July of 2015, injection therapy, and pool therapy. Objective findings dated 9-21-15 were notable for sensation decreased in the left arm, "full range of motion of left knee". The treating physician indicates that the urine drug testing result (date) showed no aberration. The original utilization review (10-2-15) partially approved a request for Pool Therapy for 12 sessions Lumbar /Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy for 12 sessions Lumbar/Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pool therapy 12 sessions to the lumbar/shoulder is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy left supraspinatus tendinosis with severe subscapularis tendinosis and minor interstitial tearing and subcoracoid impingement with probable chronic SLAP tear and thickened and edematous glenohumeral ligament with possible capsulitis; left medial meniscus tear; reactive depression; and a separate claim for lumbar injury. Date of injury is December 6, 2010. Request for authorization is September 22, 2015. The injured worker's status post right shoulder arthroscopy. On April 2015, the treating provider requested physical therapy to the cervical spine and shoulders. According to a September 21, 2015 progress note, subjective complaints are left arm pain and shoulder pain. The injured worker received a recent epidural steroid injection on August 25, 2015. There was ongoing knee pain with the pain score of 7/10. There are no subjective complaints of the lower back. Objectively, gait is normal with motor function 5/5. There is decreased sensation in the left arm with full range of motion of the left knee. There is no lumbar spine physical examination. The treatment plan contains a request for pool therapy because the injured worker has difficulty of exercise secondary to the left knee. There is no documentation of subjective complaints or objective clinical findings of the lumbar spine. There is no failed land-based physical therapy of the shoulder or lumbar spine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective complaints or objective clinical findings of a lumbar spine and no failed land-based physical therapy of the shoulder or lumbar spine, and no clinical indication or rationale for aquatic therapy, pool therapy 12 sessions to the lumbar/shoulder is not medically necessary.