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| <b>Case Number:</b>   | CM15-0023462 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 10/01/2011 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 01/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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: Massachusetts

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:

This 28 year old female sustained a work related injury on 10/01/2011. According to the most recent progress report submitted for review and dated 01/14/2015, the injured work reported feeling unstable and shaky. There was more pain in the right arm and neck. The neck hurt all day long and did not change throughout the day. Flector patches provided mild relief. Part of the progress report was missing from documentation submitted. According to a previous progress report dated 11/19/2014, diagnoses included superior glenoid labrum les, cervical disc degenerative, cervicgia, cervical radiculitis and sprain supraspinatus. There was no documentation of previous physical therapy visits. On 01/29/2015, Utilization Review non-certified aqua therapy 12 sessions cervical/right shoulder. According to the Utilization Review physician, it was unclear if the injured worker has had previous physical therapy given a 2011 injury. Documentation of the last therapy session attended and the objective functional response to treatment, if any, was not noted. Guidelines indicated that patient's be formally assessed after an initial six-visit clinical trial to evaluate response to therapy before proceeding with further treatment. Guidelines referenced included CA MTUS Neck and Upper Back Complaints, Shoulder Complaints and CA MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 12 sessions cervical/right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic shoulder pain. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case there is no co-morbid condition identified that would support the need for pool therapy which is therefore not medically necessary.