

<b>Case Number:</b>	CM15-0047977		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: New Jersey, New York

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 08/27/12. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery, medications, and physical therapy. Diagnostic studies are not discussed. Current complaints include range of motion guarding and pain on cervical spine range of motion. In a progress note dated 11/26/14, the treating provider reports the plan of care as home exercise program and aqua therapy treatments. The requested treatments include aqua therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 3 times weekly for 6 weeks, Right Shoulder (18 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical

therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate and has no signs on instability. The treatment was recommended for the shoulder post-operatively. There is no documentation that the patient had failed land-based therapy and the limited chart shows improvement with post-operative physical therapy. Eighteen sessions of aquatic therapy would exceed the maximum recommended number of post-operative physical therapy. Therefore, aquatic therapy is not medically necessary at this time.