

<b>Case Number:</b>	CM15-0055448		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old female who sustained an industrial injury on April 15, 2011. She has reported injury to her neck and left upper extremities and has been diagnosed with cervical strain and shoulder impingement. Treatment has included therapy and medications. Currently the injured worker had mild to moderate tenderness and spasm along the trapezius and cervical paraspinal musculature. The treatment request included aquatic therapy for the left shoulder. According to clinic note from 2/9/15, the patient reported significant progress with physical therapy. Pain ranged from 0-3/10. On exam, she has cervical range of motion improvement with slight limitation, mild to moderate tenderness and spasm along trapezius and cervical paraspinal muscles. Positive impingement testing and tenderness over shoulder bursa. Plan is to renew vicodin PRN and referral for 3 months of aqua therapy for left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Independent aqua therapy x3 months for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** CA MTUS states that aquatic therapy is "recommended as an optional form of exercise therapy... where reduced weight bearing is desirable, for example extreme obesity." The treatment is for shoulder therapy and is to treat trapezius pain. There is no clear clinical indication for non-weight bearing therapy for a shoulder injury in this patient. The patient already had noted improvement with full series of therapy; current pain level is 0/10 to 3/10. Additionally CA MTUS recommends, "supervised visits" while the current request is for independent unsupervised therapy. Consequently, the proposed treatment does not appear medically necessary in accordance with the CA MTUS guidelines.