

<b>Case Number:</b>	CM15-0056660		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male, who sustained an industrial injury on 08/15/2014 he reported right shoulder pain and was diagnosed with right shoulder impingement syndrome, rule out rotator cuff tear. On provider visit dated 01/14/2015 the injured worker has reported he is "doing better". Right shoulder was noted to show no atrophy and a decreased range of motion and a well healing scar. The diagnoses have included status post arthroscopic sub acromial decompression and rotator cuff repair of right shoulder on 12/09/2014. Treatment to date has included an unclear number of completed sessions of pool therapy, MRI and medication. No evidence of measurable functional improvement was submitted for review from previous pool therapy sessions. The provider requested aquatic therapy and exercises. 24 visits of aquatic therapy were authorized per the postsurgical treatment guidelines. Medical necessity has been established and recommendation is for denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for unspecified shoulder, 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (aquatic).

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

**Decision rationale:** The IW presents with a history of a right shoulder impingement. The CA MTUS states aquatic therapy is 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. In this case, this IW received prior aquatic therapy with no documentation of functional improvement. Medical necessity has not been established and recommendation is for denial. Therefore, the request is not medically necessary.