

<b>Case Number:</b>	CM14-0146043		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old female who reported an injury on 01/18/2013 due to an unknown mechanism. Diagnoses were right rotator cuff tear, right shoulder impingement syndrome, right knee meniscus tear. Past treatments were not reported. Physical examination on 08/06/2014 revealed complaints of intermittent moderate achy right shoulder pain and stiffness, and intermittent moderate achy right knee pain and stiffness. Past surgical history was right knee arthroscopic surgery on 08/2013. Total knee replacement has been recommended. Examination revealed right shoulder had tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus. Neer's test caused pain. Motor strength was a 4/5, right supraspinatus. Examination of the right knee revealed bruising and mild swelling present. There was tenderness to palpation of the anterior knee, lateral joint line, medial joint line, and superior border of patella. McMurray's caused pain. Medications were not reported. Treatment plan was for acupuncture 1x2 times a week, aqua therapy 12 sessions. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 aquatic therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis and radiculitis, it is 8 to 10 visits. Previous physical therapy from the injured worker was not reported. Medications for the injured worker were not reported. The rationale was not reported for why the injured worker needed aquatic therapy compared to land therapy. It was not reported that the injured worker was participating in a home exercise program. There were no significant factors provided to justify this request of 12 aquatic therapy visits. Therefore, this request is not medically necessary.