

<b>Case Number:</b>	CM14-0151475		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 General Surgery 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:

This 59 year old male was injured 1/9/09. He sustained injury to his right shoulder and underwent arthroscopic right rotator cuff repair 2/19/14. As of 7/24/14, the patient complained of pain and a burning sensation with certain movements. The records as of 7/24/14 fail to document any post op physical therapy having been accomplished. His examination that day demonstrated the range of motion of the recently operated shoulder to be 90% of normal. The request 7/24 was for 6 sessions of physical therapy and 6 sessions of pool-based therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Medical evidence-based guidelines recommend up to "24 sessions of physical Therapy" following laparoscopic rotator cuff repair. Rotator cuff repair was done 2/19/14. There has been no physical therapy to date. The patient has a range of motion at 900% of normal. The requesting provider has not documented any muscle strength even gross testing. There has not been any justification for aquatic therapy. Without having established medical

necessity for this treatment modality, the request must be denied until and unless there has been documentation of failure of land-based therapy. The request is not medically necessary.