

<b>Case Number:</b>	CM14-0027054		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of February 26, 2012. Thus far, the employee has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and 18 sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated February 14, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy. In this case, the only records submitted, in addition to the Utilization Review Report, were records submitted by the employee's attorney, including a medical-legal evaluation, shoulder MRI, and electrodiagnostic testing. The electrodiagnostic testing of April 11, 2012 was notable for a mild median neuropathy at the wrist while the shoulder MRI of April 12, 2012 was notable for full thickness supraspinatus tendon tear. In a May 15, 2013 medical-legal evaluation, the medical-legal evaluator complained that vital records, including MRI imaging, were absent. The medical-legal evaluator suggested that the employee should obtain epidural steroid injection therapy and obtain physical therapy following the same. The employee's gait was not described in the medical-legal evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2xWk x 6Wks Right Shoulder and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Shoulder Chapter, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines page 22, Aquatic Therapy topic.2. MTUS page 99, Physical Medicine topic. Page(s): 22, 99.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, however, it is not clearly stated how, why, or if reduced weightbearing is desirable here. Although the employee has chronic low back pain complaints, it has not been clearly identified as an individual for whom reduced weightbearing would be desirable. No clinical progress notes outlining the applicant's ambulatory status were attached to the application for Independent Medical Review. The applicant's present ambulatory status was not clearly outlined, either by the medical-legal evaluator or the applicant's attorney. It is further noted that 12-session course of aquatic therapy proposed by the attending provider represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48, notes that the value of physical therapy increases with a clearly written prescription which clearly states treatment goals. In this case, no clinical progress notes were attached to the request for authorization. No clear treatment goals were outlined by the requesting provider. Therefore, the request for aquatic therapy twice a week for six weeks for the right shoulder and lumbar spine is not medically necessary and appropriate.