

<b>Case Number:</b>	CM14-0092455		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Illinois. 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 47-year-old male who reported an injury on 09/24/2012. The mechanism of injury was not provided. On 07/14/2014, the injured worker presented with left wrist pain, right shoulder pain, and low back pain. There was no physical examination done at the time of this note. The diagnoses were lumbar spine radiculopathy, right shoulder signs and symptoms, and status post right carpal tunnel syndrome. Prior therapies included medications. On 06/26/2014, a physical examination revealed a male in no apparent distress wearing a right shoulder brace. There was a well-healed scar in the left elbow consistent with left cubital tunnel release and positive pain and tenderness over the scar. There was no evidence of hypertrophic scarring. There was a positive Phalen's and Tinel's sign bilaterally. The provider recommended aquatic therapy for the right shoulder times 6. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy right shoulder times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

**Decision rationale:** The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). The guidelines recommend 10 visits of aquatic therapy over 4 weeks. There was a lack of documentation that the injured worker is recommended for reduced weight bearing. Additionally, there was a lack of documentation of an objective assessment of the injured worker detailing current deficits. As such, the request is not medically necessary.