

<b>Case Number:</b>	CM15-0115742		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 49-year-old female, who sustained an industrial injury on 4/05/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include status post-cervical spine fusion, left shoulder sprain, medication induced gastritis, tendinosis, osteoarthritis, epicondylitis, trigger finger of left middle finger, and depression and anxiety. She is status post left shoulder arthroscopy 1/20/15. Treatments to date include NSAID, anti-inflammatory, and physical therapy. Currently, she complained of pain in the left shoulder, however, it was documented to have been improving. She reported numbness and tingling of the left hand, noted as getting worse. On 5/11/15, the physical examination documented some tenderness to the left shoulder with decreased range of motion and crepitus in the left shoulder joint. The left wrist was tender with positive Tinel's sign, Phalen's test and a sensory deficit. The appeal request was to authorize twelve aquatic therapy sessions to treat the left shoulder, twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for the left shoulder, twice a week for six weeks: 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 and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state, "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." MD Guidelines similarly states, "If the patient has sub acute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of sub acute or chronic LBP." Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The medical documents provided do not indicate any concerns that patient was extremely obese. Additionally, the medical records do not indicate that objective findings of functional improvement from an initial trial of aquatic therapy, which is needed to extend and continue additional therapy. Additionally, it is unclear why aquatic therapy would be warranted for a shoulder injury. As such, the request for Aquatic Therapy for the left shoulder, twice a week for six weeks is not medically necessary at this time.