

<b>Case Number:</b>	CM15-0118241		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on 11/8/11. He has reported initial complaints of right shoulder injury. The diagnoses have included right shoulder pain, shoulder impingement syndrome, osteoarthritis, degenerative joint disease (DJD) of the shoulder, cervical degenerative disc disease (DDD), bicipital tenosynovitis, rotator cuff tear and lateral epicondylitis. Treatment to date has included medications, diagnostics, activity modifications, surgery, physical therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 5/4/15, the injured worker is for follow up visit of right shoulder arthroscopic distal clavicle excision on 10/8/14. He is pleased with the improvement after the second surgery. He is taking Motrin and Norco for pain. The objective findings reveal that the portals are clean, dry and intact. There is positive adduction test noted mildly positive Hawkin's test and mildly positive supraspinatus test. The strength is 4+/5 and there is diffuse tenderness of the right shoulder. The shoulder range of motion reveals passive flexion of 165 degrees, abduction limited to 155 degrees actively, external rotation is 90 degrees and internal rotation is 80 degrees actively. It is noted that the injured worker has received extensive physical therapy in the past and he has lost 10 pounds since returning to work. There is previous physical therapy sessions noted in the records. The physician requested treatment included Aquatic physical therapy 2 times a week for 4 weeks to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic physical therapy 2 times a week for 4 weeks, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and physical medicine Page(s): 22 and 98-99.

**Decision rationale:** Aquatic physical therapy 2 times a week for 4 weeks, right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The documentation does not indicate extreme obesity or other condition that would necessitate aquatic therapy over land based therapy. The patient has participated in prior therapy and should be well versed in a home exercise program. The request for aquatic therapy is not medically necessary.