

<b>Case Number:</b>	CM15-0026824		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female who sustained a work related injury on June 2, 2014, injuring her right shoulder after a fall off a ladder. Treatment included physical therapy and pain medications. She underwent a shoulder arthroscope, Capsulorrhaphy, repair of glenoid lesion, shoulder debridement and subacromial decompression. The injured worker was diagnosed with shoulder joint pain, dislocation of the shoulder and Glenoid lesion of the right shoulder. Currently, on January 6, 2015, the injured worker noted good improvement in pain relief and range of motion and lifting weights up to 50 pounds with no complaint. On February 19, 2015, a request for a service of Aquatic therapy for left shoulder, quantity 12, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for Left Shoulder QTY: 12: Upheld**

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

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

**Decision rationale:** The patient presents with LEFT shoulder pain rated 5/10. The request is for AQUATIC THERAPY FOR LEFT SHOULDER, QTY: 12. Patient is status post right shoulder surgery performed on 02/10/15. Patient's diagnoses per RFA dated 12/01/14 included joint pain in shoulder region and closed dislocation of shoulder. Physical examination on 01/06/15 revealed good improvement in pain relief and range of motion and lifting weights up to 50 pounds with no complaint. Patient is temporarily totally disabled. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. MTUS page 98 and 99 has the following: Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Per progress report dated 01/08/15 treater states, "Patient would be an excellent candidate for an aquatic physical therapy trial." Treater states in progress report dated 06/05/14 that the patient has a BMI of 37.2, weighing 290 pounds. On the BMI scale, the patient is considered severely obese, for which reduced weight bearing would be recommended by guidelines. However, there is no discussion provided as to why the patient cannot perform land-based therapy or home exercise program for the shoulder. Furthermore, the patient has completed 20 physical therapy sessions to the RIGHT shoulder. The request would also exceed what is allowed by MTUS for the patient's condition. Therefore, this request IS NOT medically necessary.