

<b>Case Number:</b>	CM15-0067008		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old female who sustained an industrial injury on 10/03/14. Initial complaints include back and right shoulder pain. Initial diagnoses include right shoulder and sprain/strain and lumbosacral sprain. Treatments to date include medications, chiropractic care, and physical therapy. Diagnostic studies include MRIs, x-rays, and nerve conduction studies. Current complaints include right shoulder, neck and low back pain. Current diagnoses include lumbar sprain with regional myofascial pain syndrome of the low back and hip girdles, rotator cuff injury and right shoulder sprain. In a progress note dated 02/10/15 the treating provider reports the plan of care as continued medications and an orthopedic surgery consultation. The requested treatment is aqua therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in October 2014 and continues to be treated for low back and shoulder pain. When seen, she has findings consistent with adhesive capsulitis. The claimant has a normal BMI of 22. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, there is no identified co-morbid condition that would be expected to limit the claimant's ability to participate in conventional land-based physical therapy. The request is therefore not medically necessary.