

<b>Case Number:</b>	CM13-0023966		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/28/2009
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Texas. 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 patient is a 43-year-old male who reported an injury on 04/28/2009. The patient is diagnosed with bilateral shoulder injury, lumbosacral radiculopathy, chronic myofascial pain syndrome, status post bilateral carpal tunnel release, major depression and insomnia, left ankle sprain injury, and rheumatoid arthritis. The patient was seen by [REDACTED] on 07/16/2013. The patient reported ongoing neck, upper and lower back pain. Physical examination of the cervical spine revealed restricted range of motion, tenderness to palpation and spasm at the trapezius muscle, and multiple myofascial trigger points. The patient also demonstrated swelling in bilateral hands, restricted shoulder range of motion, and decreased sensation in the thumb and index fingers bilaterally, as well as the L5-S1 dermatomes on the left. Treatment recommendations included continuation of current medication and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Aquatic Therapy Sessions, #6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Neck and Upper Back; Shoulder; Forearm, Wrist, & Hand; Carpal Tunnel Syndrome; Low Back-Lumbar & Thoracic; Ankle & Foot.

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

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable; for example, extreme obesity. As per the clinical notes submitted, the latest physical examination revealed functional deficits in multiple body parts. However, there is no indication that this patient requires reduced weight-bearing as opposed to land-based physical therapy. The medical necessity has not been established. Therefore, the request is non-certified.