

<b>Case Number:</b>	CM13-0027692		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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 58-year-old male who reported an injury on 12/03/2007. The patient is reported to have been injured related to cumulative trauma from performing his job duties from driving an old truck, repetitively turning the steering wheel, and lifting garbage containers and climbing to the top of the truck. On 05/06/2013, the patient was seen by [REDACTED] who reported the patient complained of neck pain that radiated to the bilateral upper extremities, left greater than right. He also complained of low back pain radiating to the bilateral lower extremities, left greater than right. He also complained of left shoulder pain, headache, and left scapular pain. He is noted to have undergone 2 previous left shoulder surgeries (arthroscopies). On physical examination, the patient is noted decreased strength of the left upper extremity of the flexor and extensor muscles along the C8 dermatome. Sensory exam was decreased in the left upper extremity along the C8 dermatome. Grip strength was significantly decreased on the left and the patient had a positive Spurling's test on the left and a positive axial compression test. Examination of the lumbar spine noted, tenderness over the left buttock and a piriformis notch, a positive Patrick's/Fabere's, decreased strength of the left lower extremity, flexor/extensor muscles, and decreased sensation to touch in the left lower extremity. . He was noted to have 3 well-healed scars over the left shoulder with tenderness to palpation; decreased range of motion was decreased. The patient is noted to have undergone an MR arthrogram of the shoulder in 02/2010, which was, reported to show a low grade partial thickness tear and tendinosis of the distal supraspinatus tendon, infraspinatus tendinosis with no full thickness tears of the rotator cuff, labral tear, or biceps tendon tear seen. A cervical MRI is reported to have shown central canal stenosis with minimal to moderate foraminal stenosis at C4-5, C6-7, C3-4 and C5-6. A lumbar

### IMR ISSUES, DECISIONS AND RATIONALES

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

**aqua therapy 2 times a week for 4 weeks to the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The patient is a 58-year-old male who reported an injury on 12/03/2007 due to cumulative trauma while performing his job duties. He is noted to complain of cervical pain with radiation to the bilateral upper extremities, low back pain with radiation of pain to the lower extremities, and is noted to have undergone 2 left shoulder arthroscopies without improvement of his left shoulder pain. He is noted to have reported that he had attended therapy in the past with limited benefit. The California MTUS guidelines recommend the use of aquatic therapy as an option when land based therapy is not indicated due to the need for reduced weight bearing, for example extreme obesity or status post knee surgery. The guidelines recommend up to 9 to 10 visits over 8 weeks for treatment of myalgia and myositis and 8 to 10 visits over 4 weeks for treatment of neuralgia, neuritis, or radiculitis; however, the patient is reported to have previously attended physical therapy with limited benefit and as such, the need for additional physical therapy is not established. In addition, there is no indication as to why limited weight bearing was needed in the form of aquatic therapy. Based on the above, the request for aquatic therapy 2 times a week for 4 weeks to the cervical, lumbar, and bilateral shoulders is non-certified.