

<b>Case Number:</b>	CM13-0057193		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2010
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 47 year old woman who stated a work related injury on January 11, 2010. Subsequently, she developed low back pain as well as neck and hand pain. According to note date September 15, 2012 the patient continued to have back pain that was quite disabling. Her physical examination demonstrated that the patient was using a wheelchair and a cane occasionally for working. The patient was diagnosed with cervical thoracic lumbar sprain and chronic pain. According to a progress note dated August 15, 2013, the patient continued to have weakness in her hips and thigh. The patient was treated in a functional rehabilitation program. The provider requested authorization for aquatic therapy to increase the strength of her lower extremities and TEN.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy x (12) sessions:** Upheld

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

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

**Decision rationale:** According to MTUS 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 the effects 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 maybe required to preserve most of these gains. There no clear evidence that the patient is obese or need have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no clear objective documentation for the need of aquatic therapy. The patient underwent several sessions of aquatic therapy, however the patient still use a cane and a wheelchair for moving. There is no documentation for a clear benefit expected from mores sessions of Aquatic therapy. Therefore the prescription of for Aquatic Therapy x (12) sessions is not medically necessary. More justification is needed.

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for TENS if there is no documentation of the efficacy of one month trial. Therefore TENS unit is not medically necessary.