

<b>Case Number:</b>	CM13-0071557		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/28/2013

### 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 Family Practice 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 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 injured worker is a 55-year-old male who reported an injury on 07/08/2010. The mechanism of injury involved repetitive work duties. The injured worker is diagnosed with complicated vascular headaches, chronic myofascial pain syndrome, mild bilateral cervical radiculopathy, moderate right carpal tunnel syndrome, and right lateral epicondylitis. The injured worker had been treated with medications, physical therapy and aquatic therapy. Treatment recommendations included aquatic therapy 2 x a week x 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 SESSIONS OF AQUATIC THERAPY:** 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:** California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker had previous aquatic therapy.

There was a lack of documentation indicating the objective functional benefit that was received from the prior therapy, as well as the quantity of visits that were previously participated in. The request as submitted failed to indicate the injured worker had a need for reduced weight bearing. The submitted request failed to indicate the body part that was to be treated with aquatic therapy. Given the above, the request for 12 sessions of aquatic therapy is not medically necessary.