

<b>Case Number:</b>	CM14-0003850		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Internal 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 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 an employee of [REDACTED], who has submitted a claim for Chronic myofascial pain syndrome, cervical and thoracolumbar spine; bilateral chronic tenosynovitis of bilateral wrists; cervical radiculopathy versus peripheral nerve entrapment, bilateral hands; and lumbosacral radiculopathy; associated with an industrial injury date of February 01, 2013. Treatment to date has included physical and chiropractic therapy, Hydrocodone/APAP, Naproxen, Tabradol, Omeprazole, Ketoprofen, Dicopanol, Fanetrex, Deprizine, Synapryn, Cyclobenzaprine and trigger point injections. Medical records from May 02, 2013 to January 10, 2014 were reviewed showing that patient complained of numbness of the bilateral wrists and hands, worse at night; bilateral weakness in grip strength; constant neck, upper and lower back pain, graded 5-7/10 without medications; pain and numbness in the left leg; and inability to sleep related to pain. Physical examination showed slight-to-moderate limitation of movement of the cervical and lumbar spines. There were multiple myofascial trigger points and taut bands throughout cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal, and gluteal muscles. Neck compression test was positive. There was diffused tenderness to bilateral wrists, decreased sensation in all digits of the right hand, and decreased grip strength in both hands. Left ankle jerk was absent. Utilization review from December 19, 2013 denied the request for Aquatic Therapy, two times a week for six weeks, for the cervical, lumbar and bilateral hands due to negative ACOEM recommendations against aquatic therapy, as other therapies are believed to be more efficacious.

### 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 6 WEEKS FOR THE CERVICAL, LUMBAR AND BILATERAL HANDS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium, Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-47, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** Aquatic therapy involves the performance of various exercises in a pool to minimize the effects of gravity, particularly where reduced weight-bearing status is desirable. The ACOEM Guidelines state that there are no quality studies evaluating aquatic therapy in patients with cervical pain of any duration. Swimming may lead individuals to use prolonged awkward neck positions during the activity that may exacerbate cervical pain symptoms. According to the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The California MTUS, ACOEM Guidelines do not specifically address aquatic therapy for bilateral hands. In this case, the patient who is overweight (BMI 27.53, Ht 5 ft 4 in, Wt 160 lbs) has been treated with physical therapy and chiropractic therapy and continues to have chronic pain symptoms. There is no documented indication for aquatic therapy, or evidence that the patient did not tolerate land-based therapy. Aquatic therapy is not necessary in this case because it is not recommended for cervical disorders as stated above, and the patient is not extremely obese. Therefore, the request for is not medically necessary.