MAXIMUS Federal Services

| Case Number: | CM14-0019331 | | |
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| Date Assigned: | 04/21/2014 | Date of Injury: | 08/08/2001 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

## 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 Physical Medicine & Rehabilitation 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 a 51 year old female who was injured on 06/08/2001. Mechanism of injury is unknown. The patient has used a TENS unit for four years once daily and reports that is helpful for him. Diagnostic studies reviewed include did not include a urine drug screen submitted for review, however, report dated 09/27/2013 stated the patient is being evaluated for medication management and/or ongoing medication therapy and has been requested to submit to a random urine drug test. MRI of the cervical spine dated 03/24/2012 reveals a 3mm posterior protrusion of the nucleus pulposus at C5-6 indenting the anterior portion of the cervical subarachnoid space. Mild disc degeneration. There is a 3mm posterior protrusion of the nucleus pulposus at C6-7 indenting the anterior portion of the cervical subarachnoid space. Progress note dated 01/17/2014 documented the patient with complaints of neck pain that radiates bilaterally in the upper extremities, low back pain that radiates bilaterally into the lower extremities and chest wall pain bilaterally. The patient's pain intensity with medications is 4/10 and without medications 8-9/10. Pain increases with activity of walking. The patient's pain is reported unchanged since the last visit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 AQUATIC THERAPY 2 TIMES PER WEEK FOR 4 WEEKS FOR THE THORACIC SPINE:** Upheld

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

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

**Decision rationale:** As per CA 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. The ODG recommends that aqua therapy is generally for obese patients due to effects of gravity, for 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. The records submitted for review do not document height or weight or BMI. There is no documentation that the patient is unable to tolerate land-based therapy. There is documentation that the patient completed a month of aquatic therapy last August 2013 and reported feeling better. However, there is no objective functional improvement noted and the patient also has a non-work-related diagnosis of fibromyalgia and anxiety. Fibromyalgia is a form of chronic pain related to psychological predisposition to pain that is generalized. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.