

<b>Case Number:</b>	CM14-0121881		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 and 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 underlying date of injury in this case is 10/01/2009. The date of the utilization review under appeal is 07/22/2014. The treating diagnoses include a chronic myofascial pain syndrome in the cervical, thoracic, and lumbar spine; bilateral ulnar nerve entrapment; status post bilateral carpal tunnel releases; status post left elbow surgery 2006; and chronic sprain injuries to both shoulders, elbows, and wrists. On 06/27/2014, the treating neurologist saw the patient in followup noting the patient had good control of his constant neck and low back pain. The patient felt his current pain and discomfort, however, were moderately impacting his general activity and enjoyment of life. The treating physician felt the patient had benefit from past medications and recommended continuation of hydrocodone as well as naproxen, cyclobenzaprine, and fluoxetine. The treating physician additionally recommended aquatic therapy for 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy two times a week for six weeks, to the neck and bilateral upper extremities.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Aquatic Therapy Page(s).

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Aquatic Therapy, page 22, states that aquatic therapy is recommended as an optional form of exercise where available as an alternative to land-based physical therapy. The medical records in this case do not provide a rationale as to why the patient would require aquatic rather than land-based therapy. More notably, the Chronic Pain Medical Treatment Guidelines, page 99, recommends transition to independent active home rehabilitation. This is a chronic case dating back to an injury of 2009. The medical records do not provide a rationale as to why this patient would require additional supervised rather than independent rehabilitation in this current time frame. This request is not supported by the treatment guidelines. This request is not medically necessary.