

<b>Case Number:</b>	CM14-0150277		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 54-year-old with a reported date of injury of 06/25/1998. The patient has the diagnoses of bilateral upper extremity complex regional pain syndrome, bilateral lower extremity complex regional pain syndrome, spinal cord stimulator placement in the upper extremities with revision. SCS placemen with revision in the lower extremities, DeQuervain's tenosynovitis, lateral epicondylitis, medication induced gastritis, and chronic headaches. Per the most recent progress notes provided for review by the primary treating physician dated 08/13/2014, the patient had complaints of decreased pain in the neck and headaches post botulism injection. The patient also had ongoing abdominal pain and depressive symptoms. The physical exam noted guarding of the upper extremities with hypersensitivity and point tenderness and trigger points in the lumbar and thoracic paraspinal muscles. Treatment plan recommendations included request for botulism toxin, SCS reprogramming, medication refill and a home visit aqua therapist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME TREATMENT AQUATIC THERAPY 2X4 FOR CERVICAL:** 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 Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy 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 may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land based physical therapy. The patient does have complex regional pain syndrome but not eh diagnoses of fibromyalgia. For these reasons criteria have not been met for the requested service and it is not certified.

**HOME TREATMENT AQUATIC THERAPY 2X4 FOR LUMBAR:** 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 Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy 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 may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land based physical therapy. The patient does have complex regional pain syndrome but not eh diagnoses of fibromyalgia. For these reasons criteria have not been met for the requested service and it is not certified.