

<b>Case Number:</b>	CM14-0154115		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiology and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 47-year-old female who reported injury on 02/22/2013. The mechanism of injury was not provided. The injured worker's diagnoses included status post arthroscopic surgery of left knee, status post arthroscopic surgery of left wrist, pain, numbness and weakness of left hand due to left carpal tunnel syndrome versus cervical radiculopathy, chronic myofascial pain syndrome of the cervical spine, and post-traumatic headaches and dizziness. The injured worker's past treatments included medications, home exercise program, physical therapy, TENS unit, surgery. On the clinical note dated 07/29/2014, the injured worker complained of pain in the left wrist and left knee, and neck pain rated 3/10 to 4/10 without medications. The injured worker had range of motion to the cervical spine with flexion at 50 degrees and extension at 30 degrees, multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scaling, and infraspinatus muscles. Injured worker had positive neck compression test. The patient had a lateral range of motion with flexion at 135 degrees to the knees, positive McMurray's and Apley's tests on the left, bilateral range of motion to the hand/wrists with palmar flexion at 60 degrees and dorsiflexion at 60 degrees. The injured worker had decreased sensation to the 3rd and 4th digits of the left hand with fine touch and pinprick. The injured worker had decreased grip strength in the left hand at positive 4/5. The injured worker's medications included Naproxen 550 mg every 8 hours, Motrin, Nortriptyline, and Mirtazapine 15 mg 2 tabs at bedtime. Doses and frequency for Motrin and Nortriptyline were not provided. The request was for aquatic therapy 2 times weekly for 6 weeks for the cervical spine, left knee, and left wrist/hand. The rationale for the request was not provided. The request for authorization form was submitted for review on 07/29/2014.

### 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 spine, left knee and left wrist/hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

**Decision rationale:** The request for aquatic therapy times 2 weekly for 6 weeks for the cervical spine, left knee, and left wrist/hand is not medically necessary. Injured worker is diagnosed with status post arthroscopy of left knee, status post arthroscopic surgery of left wrist, pain numbness and weakness of left hand due to left carpal tunnel syndrome versus cervical radiculopathy, cervical myofascial pain syndrome and post-traumatic headaches and dizziness. California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended for reduced weight bearing as desirable, for example extreme obesity. The guidelines recommend 9 to 10 visits over 8 weeks. The records lack documentation of number of physical therapy sessions attended, improved functional deficits, and improved pain rating from physical therapy to warrant additional sessions. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. Additionally, the request was for 12 sessions of aquatic therapy, which exceeds the guidelines' recommendations of 9 to 10 visits. As such, the request for aquatic therapy times 2 weekly for 6 weeks for the cervical spine, left knee, and left wrist/hand is not medically necessary.