

<b>Case Number:</b>	CM14-0154737		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/21/2014
<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 Family 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:

This is a 58 year old male patient who sustained an injury on 1/10/11. The current diagnoses include cervical and lumbar sprain, s/p left total hip replacement, left wrist triangular fibrocartilage tear and left knee medial meniscal tear. Per the note dated 4/30/2014, patient had complaints of neck pain with radiation to the left shoulder, bilateral shoulder pain, bilateral elbow pain, bilateral hand pain, low back pain with radiation to the legs, left hip and knee pain. Physical examination revealed cervical spine- pain with terminal ROM, bilateral positive Neer's and Hawkin's sign; tenderness over the dorsal and ulnar aspect of the left wrist; pain with terminal ROM of the thoracic and lumbar spine; tenderness over the medial joint line of the left knee, 5/5 strength and symmetrical DTRs bilaterally and slight diminished light touch in the median and ulnar nerve distributions of the both hands. The gait was noted to be normal. The ROM of the hips and knees was normal. The medications list includes opana, dilaudid, gabapentin, wellbutrin, xanax, metformin and zeralto. He has had lumbar MRI dated 5/29/13 which revealed multi-level loss of intervertebral disc height and disc desiccation changes are seen at the L2 through the L5 levels; MRI left knee dated 6/4/13 which revealed Grade II-III signal seen in the body and posterior horn of the medial meniscus with a possible partial tear, early osteoarthritic changes and effusion in the patellofemoral and suprapatellar bursa; electrodiagnostic studies of the upper and lower extremities dated 6/24/13 which revealed Normal EMG of the upper and lower extremities, NCS: mild bilateral median motor neuropathy at the wrists, moderate bilateral median sensory neuropathy at the wrists, mild bilateral ulnar sensory neuropathy at the wrists; severe left peroneal motor neuropathy with possible site of lesion at the left L5 nerve root. a possible background of peripheral polyneuropathy secondary to a generalized/systemic neuropathic process. He has undergone lower back surgery in 2004, right carpal tunnel surgery in 2010, left carpal tunnel surgery in 2010, stents surgery in 2011, arterial

bypass surgery in 2012 and left total hip replacement on 11/13/ 2013. He has had PT and injections for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy/exercises:** 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:** Per 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. Per the notes dated 4/30/14, the gait was noted to be normal. The ROM of the hips and knees was within normal limits. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Lack of response to previous land based physical therapy was not specified in the records provided. A detailed rationale for the aquatic therapy was not specified in the records provided. It is deemed that the medical necessity of Aquatic therapy/exercises was not fully established in this patient.