

<b>Case Number:</b>	CM14-0178229		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/13/2003
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 62 year old female with an injury date of 09/13/03. Based on the 07/23/14 progress report provided by [REDACTED] the patient complains of neck, low back and right arm pain. Physical examination revealed tenderness to palpation to the cervical spine and right shoulder. Range of motion of neck and right shoulder could not be tested due to pain. Tinnel's sign was positive at both wrists, worse on the right. Patient has hyperpathia, allodynia with spreading dysesthesia in the 1st, 3rd and 4th fingers of the right hand. Patient reported no difficulty with standing, sitting, reclining, walking normally or with sexual functions. Patient has been hospitalized twice for pancreatitis since 01/31/14. She lost a total of 34 lbs. Her medications include Aspirin, Glipzide, Amlodipine, Lisinopril, Hydrochlorothiazide, Omeprazole, Cyclobenzaprine HCl, Opana and Lidocaine patches. Treater states "she needs to be on acupuncture and Aquatic Therapy treatments for pain relief." The patient's Diagnosis on 07/23/14 were the following:- cephalgia- TMJ pain- probable right arm reflex sympathetic dystrophy- bilateral carpal tunnel syndrome, greater on right side- cervical discopathy with radiculopathy- diabetes mellitus- emotional distress- sleep disturbance- cognitive impairment [REDACTED] [REDACTED] is requesting Aqua Therapy Three Times Four for Pain Relief. The utilization review determination being challenged is dated 10/16/14. [REDACTED] is the requesting provider and he provided treatment reports from 06/25/07 - 07/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy three times four for pain relief:** Upheld

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

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

**Decision rationale:** The patient presents with neck, low back and right arm pain. The request is for Aqua Therapy Three Times Four for pain relief. The patient's diagnosis dated 07/23/14 included probable right arm reflex sympathetic dystrophy, bilateral carpal tunnel syndrome, and cervical discopathy with radiculopathy. Her medications include Aspirin, Glipzide, Amlodipine, Lisinopril, Hydrochlorothiazide, Omeprazole, Cyclobenzaprine HCl, Opana and Lidocaine patches. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 07/23/14, treater states "she needs to be on acupuncture and aquatic therapy treatments for pain relief." Treater has not indicated the body part that needs to be treated in the request. Patient reported no difficulty with standing, sitting, reclining, walking normally or with sexual functions, and she has lost a total of 34 lbs., per treater report dated 07/23/14. There appears to be no need for weight-reduced exercises or extreme obesity to qualify patient for water therapy. Furthermore, the request for 12 visits exceeds what is allowed per MTUS. The requested Aqua Therapy is not medically necessary.