

<b>Case Number:</b>	CM14-0038001		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & 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 41 YO female with date of injury of 12/19/2012. [REDACTED] diagnoses dated 02/10/2014 are: 1. Status post blow to the face with cervical spine sprain/strain and persistent headaches. 2. Posterior and focal central disk extrusion at C5-C6 and posterior left paracentral disk extrusion at C6-C7 per MRI of the 12/12/2012. 3. Bilateral upper extremity radicular symptoms. 4. Preexisting gastrointestinal condition diagnosed as GERD and irritable bowel syndrome with multiple food allergies including gluten, lactose, egg yolk, egg white, soy, corn, beans, and rice. 5. Nasal bone fracture and nasal septum fracture with nasal valve stenosis and hypertrophy of nasal terminates with laceration of the right side per ENT evaluation on 09/23/2013. According to this report, the patient complains of neck pain that radiates into the head. She has persistent headaches. She has upper extremity radicular symptoms and neuropathic pain in the left posterior arm and elbow as well as in the right upper extremity. She describes burning, lancinating pain. She has pain radiating into the 3rd, 4th, and 5th digits of the right hand. She has intermittent numbness and tingling in this distribution. She also has difficulty breathing through her nose and notes frequent tearing through her right eye. She has completed 16 visits of acupuncture and now 12 visits of physical therapy. She has noted improvement in symptoms with acupuncture and physical therapy. The physical examination of the cervical spine shows the patient has bilateral cervical paraspinal tenderness to palpation. She has a 1+ muscle spasm present. The patient has marked decrease in grip strength. Sensory exam is intact in both upper extremities to light touch. Biceps, triceps, and brachioradialis reflexes are 2+ bilaterally. The utilization review denied the request on 03/20/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic rehabilitation in a warm water environment, twice weekly, body part(s) unspecified:** 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:** This patient presents with neck pain, persistent headaches, and upper extremity pain. The treater is requesting aquatic rehabilitation in a warm water environment, twice weekly, body parts unspecified. The MTUS Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy are indicated for various myalgia and neuralgias. The progress report dated 02/10/2014 documents, "although the patient has shown improvement with land-based physical therapy, it is noted that she remains symptomatic." The review of records show that the patient has received a total of 12 physical therapy sessions to date. In this case, the patient had showed improvement with land-based physical therapy and does not seem obese or have any weight-bearing issues which would justify the utilization of water-based therapy. In addition, the treater does not explain why this patient cannot perform land-based exercises having improved with therapy. Furthermore, the requested 8 sessions in combination with the previous 12 would exceed MTUS recommendations. The request is not medically necessary and appropriate.