

<b>Case Number:</b>	CM14-0042382		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational 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:

The applicant is a represented auto mechanic who has filed a claim for chronic neck, mid back, low back, and left shoulder pain reportedly associated with an industrial injury of May 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; trigger point injection therapy; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy, citing non-MTUS ODG Guidelines, although the MTUS did address the topic. The claims administrator incorrectly stated that the MTUS was silent on the topic. The claims administrator stated that the applicant had completed 11 sessions of aquatic therapy without benefit. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 20, 2013, it was acknowledged that the applicant was off of work with chronic myofascial pain complaints. On April 12, 2013, the applicant was described using tramadol and tizanidine for pain relief. 1-6/10 pain was noted. The applicant was using a lumbar support. The applicant was not working, it was acknowledged and was reportedly unemployed. Aquatic therapy at a gym was sought at that point in time. On April 20, 2014, the applicant underwent further trigger point injection therapy. The applicant was again placed off of work, on total temporary disability, and given prescriptions for Naprosyn, omeprazole, and mirtazapine. An additional 12 sessions of aquatic therapy were sought. The applicant's gait was not described on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Aquatic Therapy (2X for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 8 & 22, Aquatic Therapy topic. Page(s): 8, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, it is not clearly stated or clearly established that reduced weight bearing is, in fact, desirable. The applicant's gait was not described on any recent progress note provided. It was not clearly stated why the applicant could not participate in land-based therapy and/or land-based exercise. The applicant, furthermore, has had earlier aquatic therapy over the course of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed in various milestones in the treatment program so as to justify continued treatment. In this case, the fact that the applicant is off of work, on total temporary disability, coupled with the fact that the applicant remains highly reliant on various forms of medical treatment, including medications and injections, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier aquatic therapy in unspecified amounts. Therefore, the request for 12 additional sessions of aquatic therapy is not medically necessary.