MAXIMUS Federal Services

| Case Number: | CM14-0046164 | | |
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| Date Assigned: | 07/02/2014 | Date of Injury: | 01/29/2014 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 04/05/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

## 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 and Rehabilitation 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 47 year old with an injury date on 1/29/14. Patient complains of constant lower back pain rated 6-9/10, constant neck pain rated 6-8/10, right knee pain, right arm/hand pain and numbness, and bilateral shoulder pain in 2/18/14 report. Patient describes pain as continuous aching and burning, aggravating by prolonged sitting, walking, standing, and bending and is unable to lift more than 10 pounds per 2/18/14 report. Based on the 2/18/14 progress report provided by [redacted] the diagnoses are: 1. myoligamentous injury, cervical and lumbar spine. 2. injury of right knee. 3. injury, bilateral shoulders. 4. pain and numbness of right arm and hand. Exam on 2/18/14 showed "patient could not perform a heel-toe walk, demonstrated a limp, and ambulating with a cane. Cervical range of motion limited by 50% in all planes except rotation. Muscle spasms noted in cervical paraspinal musculature. Positive neck compression test. Right shoulder range of motion slightly limited, left shoulder is normal. L- spine range of motion slightly limited, lumbar paraspinals tender to palpation. Right knee limited in flexion at 90 degrees, left knee is normal. McMurray's test and Apley's test positive on right." [redacted] is requesting unknown daily aquatic therapy exercises at a gym or [redacted] and 1 CD for breathing type meditation as a relaxation technique. The utilization review determination being challenged is dated 4/5/14. [redacted] is the requesting provider, and he provided a single treatment report from 2/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**UNKNOWN DAILY AQUATIC THERAPY EXERCISES AT A GYM OR [redacted]**
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 78, 93.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aquatic therapy.

**Decision rationale:** This patient presents with lower back pain, neck pain, right knee pain, bilateral shoulder pain, and right arm/hand pain. The treater has asked for unknown daily aquatic therapy exercises at a gym or [redacted] but the date of the request is not known. Review of the 2/18/14 report shows patient is 5'5 and 210 pounds. The 2/18/14 report requests land-based physical therapy. ACOEM page 309 recommends low-stress aerobic exercises. ODG guidelines under exercises for pain states, "Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia". In a RCT (randomized controlled trial), an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. In this case, the treater has asked for aquatic therapy exercises. However, there is no discussion regarding the need for weight-reduced exercises or extreme obesity to warrant aqua therapy. Furthermore, this request for pool/gym membership does not include a duration or end- date. Although ODG does not recommend a timeframe for self-directed aquatherapy, the RCT involved an 8 month program, and an open-ended membership cannot be recommended. Due to lack of documentation regarding weight-bearing exercises and the lack of specificity of request, recommendation is for denial.

**1 CD FOR BREATHING TYPE MEDITATION AS A RELAXATION TECHNIQUE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines STRESS INOCULATION TRAINING (SIT) CRITERIA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Mind/Body intervention programs.

**Decision rationale:** This patient presents with lower back pain, neck pain, right knee pain, bilateral shoulder pain, and right arm/hand pain. The treater has asked for 1 CD for breathing type meditation as a relaxation technique but the date of the request is not known. ODG guidelines support meditation for psychological condition. One CD for breathing/meditation technique appears reasonable and may be quite helpful in managing this patient's chronic pain as well as depressions/anxiety due to pain. Recommendation is for authorization.