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| <b>Case Number:</b>   | CM14-0070382 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 09/27/2006 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 04/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2014 |

### 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, has a subspecialty in Pain 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 injured worker is a 52-year-old male with an original date of injury of September 27, 2006. The injured worker was closing a dryer lint when the voice swung back and hit him on the right eyebrow. The patient has diagnoses of chronic myofascial pain of the neck, neck pain, right orbital laceration, and posttraumatic headaches. MRI of the cervical spine performed in September 2007 revealed mild posterior annular bulging of the cervical disc at multiple levels. A utilization review determination had noncertified the request for aquatic therapy because of the "exceedingly chronic nature of the condition and the lack of detailed discussion of treatment over the years, including prior aquatic or land therapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states the following regarding aquatic therapy on page 22: "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)"The medical record was reviewed including previous conservative therapy for this patient. It has consisted of opioid analgesics, nonsteroidal anti-inflammatory drugs, and previous physical therapy. However, there is inadequate documentation of response to previous courses of physical therapy. The guidelines recommend for tapering of physical therapy from a formal course to self-directed home exercise program. The guidelines for aquatic therapy require all of the physical therapy guidelines in terms of duration of treatment. Without an adequate comprehensive summary of prior therapy to date, this request is not medically necessary.