

<b>Case Number:</b>	CM14-0092980		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Family Practice 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:

This 57 year old male claimant sustained a work injury on 2/1/13 involving the neck, back, and both wrists. He was diagnosed with carpal tunnel syndrome, chronic myofascial pain and lumbosacral neuropathy. A progress note on 5/6/14 indicated the claimant had frequent numbness in the upper and lower extremities with 6/10 pain. Exam findings were notable for restricted range of motion on the cervical and lumbar region. Neck compression test was positive. Sensation in both wrists was reduced. The treating physician recommended 12 sessions of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy Twice a week for six weeks to the Cervical/Lumbar/Bilateral Wrist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

**Decision rationale:** According to the MTUS guidelines, aqua therapy is recommended as an option for those who can't perform land based exercises. Recommendations limit up to 10 visits. In this case, there was no indication that a land based program could not be performed. The request for 12 sessions of aqua therapy is not medically necessary.