

<b>Case Number:</b>	CM14-0098868		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 American Board 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:

56 year old female claimant sustained a work injury on 2/11/08 involving the neck, arms, wrists and legs. She was diagnosed with cervical radiculopathy, myofascial syndrome, De Quervain's tenosynovitis, carpal tunnel syndrome and epicondylitis. A progress note on 12/5/13 indicated the claimant had continued back, shoulder and arm pain. Exam findings were notable for trigger points in the cervical spine, lumbar spine and decreased sensation in the 2nd digits of the right hand. The physician recommended analgesics, home exercises and aquatic exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy bilateral upper extremities and cervical:** 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 Aqua Therapy Page(s): 22.

**Decision rationale:** According to the MTUS guidelines, aqua therapy is 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. In this case, the claimant is completing home exercises. There is no indication that land based therapy cannot be completed. The amount of aquatic therapy is also not specified. The request above is not medically necessary.