

<b>Case Number:</b>	CM14-0017411		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/02/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 1/2/2009. The current diagnoses are cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, and left carpal tunnel syndrome. Currently, the injured worker complains of neck pain and stiffness that radiates to both upper extremities with occasional numbness as well as low back pain and stiffness with radiation to both legs with occasional numbness. Additionally, she reports bilateral wrist pain. The physical examination of the cervical spine reveals tenderness to palpation over the paravertebral muscles and spinous processes. Shoulder depression causes pain bilaterally. The lumbar spine is tender to palpation over the bilateral sacroiliac joints, coccyx, paravertebral muscles, sacrum, and spinous processes. Straight leg raise causes pain bilaterally. The bilateral wrists were tender to palpation over the dorsal wrist. The treating physician is requesting 8 pool therapy sessions, which is now under review. On 1/31/2014, Utilization Review had non-certified a request for 8 pool therapy sessions. The pool therapy was modified to 6 sessions. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POOL THERAPY 2 X 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient was injured on 01/02/2009 and presents with neck pain/stiffness radiating to both upper extremities with numbness, low back pain/stiffness radiating to both legs with numbness, left wrist pain with numbness of left hand/fingers, and right wrist pain/stiffness with numbness of right hand/fingers. The request is for POOL THERAPY. The RFA is dated 12/24/2013, and the patient's work status is not known. MTUS guidelines, page 22, chronic pain medical treatment guidelines: Aquatic 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 effect 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 improves some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise in higher intensities may be required to preserve most of these gains. MTUS, pages 98 and 99, has the following: Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines, pages 98 and 99, states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks; and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has +3 tenderness to palpation of the cervical paravertebral muscles and spinous processes, shoulder depression causes pain bilaterally, there is decreased range of motion of the lumbar spine, there is +3 tenderness to palpation of the bilateral SI joints/coccyx/lumbar paravertebral muscles/sacrum and spinous processes, straight leg raise causes pain bilaterally, there is +3 tenderness to palpation of both the left and right dorsal wrist, and Phalen's causes pain on both the right and left wrist as well. The patient is diagnosed with cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, and left carpal tunnel syndrome. The reason for the request is not provided, and there is no indication of why patient is not able to do home exercises. There is not enough information provided to confirm that the pool therapy is provided in accordance with MTUS guidelines. The requested duration and frequency of the pool therapy is not known. MTUS guidelines for pool/aquatic therapy are based on the number of therapy sessions. Without specifying the total number of sessions, or duration and frequency of therapy, the request cannot be verified to be in accordance with MTUS guidelines. None of the reports mentioned that the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. Therefore, the requested pool therapy IS NOT medically necessary.