

<b>Case Number:</b>	CM14-0146564		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 66 year old male, who sustained an industrial injury on 8/30/2010. The diagnoses have included chronic myofascial pain syndrome of the cervical and thoracolumbar spine, lumbar and cervical radiculopathy, moderate to severe right carpal tunnel syndrome and moderate left carpal tunnel syndrome. Treatment to date has included trigger point injections and medication. According to the progress report dated 6/20/2014, the injured worker complained of constant pain and numbness in both hands. He also complained of constant neck and upper and lower back pain. He complained of painful movements of the bilateral shoulders. Physical exam revealed slightly restricted range of motion of the cervical spine and moderately restricted range of motion of the lumbar spine. There was evidence of tightness and spasm at the right trapezius muscle upon palpation. The injured worker was scheduled to undergo surgery for bilateral carpal tunnel syndrome. The treatment plan included aquatic therapy exercises. The medication list include Tramadol, Cyclobenzaprine and Naproxen. The patient has had EMG on 3/29/11 that revealed bilateral LE radiculopathy; on 5/27/11 EMG of the UE revealed CTS and cervical radiculopathy; MRI of the lumbar spine on 4/27/11 that revealed disc protrusions. The patient sustained the injury due to cumulative trauma. The patient had received median nerve block injection for CTS. Patient has received an unspecified number of PT and chiropractic visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 x 6 visits for the neck and back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine.

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

**Decision rationale:** Per MTUS 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received an unspecified number of PT and chiropractic visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request Aquatic therapy 2 x 6 visits for the neck and back is not fully established in this patient.