

<b>Case Number:</b>	CM15-0005317		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/11/2005
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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:

This 54 year old woman sustained an industrial injury on 5/11/2005. The mechanism of injury is not detailed. Current diagnoses include chronic right upper extremity pain with compensatory overuse pain, anxiety with likely panic attacks, depression, chronic mixed headaches, sleep disorder with excessive daytime sleepiness, bilateral TMJ dysfunction, irritable bowel syndrome type C, gastroesophageal reflux disease, improved chronic bilateral feet pain of uncertain etiology, medication induced xerostomia, and hypothyroidism. Treatment has included oral medications and outpatient psychotherapy. Physician notes on a PR-2 dated 11/13/2014 show continued jaw and mouth symptoms, vision and hearing getting worse, toes are cold, and pain levels are high, although ratings and location are not detailed. Insomnia continues to be a problem due to pain and anxiety. Recommendations include aquatic therapy to alleviate pain and tension and rehabilitate strength and mobility. On 12/11/2014, Utilization Review evaluated a prescription for aquatherapy to upper extremities distributed at two times per week for five weeks that was submitted on 1/9/2015. The UR physician noted that there is no documentation that supports the worker is not able to perform land based physical therapy. There is no rationale or information supporting the medical necessity of aquatic therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy to upper extremities 2 times per week for 5 weeks: Upheld**

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

**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 05/11/05 and presents with chronic right upper extremity pain, anxiety with likely panic attacks, depression, chronic mixed headaches, sleep disorder with excessive daytime sleepiness, and improved chronic bilateral feet pain. The request is for AQUA THERAPY TO UPPER EXTREMITIES 2 TIMES PER WEEK FOR 5 WEEKS. The RFA is dated 12/01/14 and the patient is unable to work. The report with the request is not provided and it does not appear that the patient had any prior aquatic therapy. 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 the effects of gravity, so it is specifically recommended where reduced weightbearing 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. MTUS page 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 page 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. It does not appear that the patient has had any prior aquatic therapy sessions. In this case, there is no discussion provided as to why the patient needs aquatic therapy and could not complete land-based therapy. None of the reports mention if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. The requested aquatic therapy IS NOT medically necessary.