

<b>Case Number:</b>	CM15-0103370		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/18/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Pain Management

### 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 55 year old female, who sustained an industrial injury on 01/18/2010. She has reported injury to the neck, shoulders, wrists, and low back. The diagnoses have included cervical sprain/strain; cervical radiculopathy; bilateral shoulder impingement; lumbar sprain/strain; lumbosacral radiculopathy; right hip tendinitis/bursitis; right knee tendinitis/bursitis; bilateral carpal tunnel syndrome; status post bilateral carpal tunnel release; and chronic postoperative pain of her wrists bilaterally. Treatment to date has included medications, diagnostics, splinting, acupuncture, physical therapy, and surgical intervention. Medications have included Norco, Robaxin, Motrin, Tizanidine, Topamax, and Relpax. A progress report from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain and right-sided hip pain; radiating pain down the right lower extremity with numbness, tingling, and weakness; and is currently working. Objective findings included tenderness, spasm, and guarding is noted in the paravertebral muscles of the lumbar spine, with decreased range of motion; and Gaenslen's test is noted to be positive over the right hip, with decreased range of motion as well. The treatment plan has included the request for twelve (12) aqua therapy for the lumbar spine and hips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) aqua therapy for the lumbar spine and hips:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. The requested number of sessions exceeds the amount recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.