

<b>Case Number:</b>	CM15-0103611		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	07/07/2015	<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: Preventive Medicine, Occupational Medicine

### 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 61 year old male who sustained an industrial injury on 12/11/2012. Mechanism of injury was an automobile accident. Diagnoses include cervical spine herniated nucleus pulposus, chest pain from a collapsed lung, lumbar spine herniated nucleus pulposus, bilateral shoulder internal derangement, bilateral knee meniscal tears, left foot metatarsalgia, tinnitus with hearing loss, secondary sleep deprivations, secondary stress, anxiety, and depression and abnormal weight gain. Treatment to date has included diagnostic studies, medications, aquatic therapy, physical therapy, chiropractic sessions, cognitive behavioral therapy, braces and supports. On 08/15/2014 an Electromyography study was done and revealed severe bilateral carpal tunnel syndrome affecting sensor and motor components. Medications include Motrin which he takes only as needed. He is fearful of taking any opiates or muscle relaxants. A physician progress note dated 03/09/2015 documents the injured worker has neck pain that is sharp, stabbing and he has numbness and tingling into both hands and fingers. He has significant weakness and spasms. He complains of chest pain and difficulty breathing and coughing a lot from a collapsed lung. He has constant, sharp and stabbing pain in his lower back. He walks pulling an oxygen tank in order to breath. He has numbness and tingling in both lower extremities. He gets dizzy with ambulation. He has bilateral shoulder pain and is unable to lift above shoulder level. He has bilateral knee pain with popping and clicking. He has left foot pain especially on the arch or the foot. He has loss of hearing with tinnitus and loss of sleep due to pain. The injured worker has stress, anxiety and depression. Cervical spine range of motion is restricted. Cervical spine distraction, maximal foraminal compression and shoulder

depression are positive on the right and left. Right and left Impingement test and Apley Scratch Test are positive. Straight Leg Raising test is positive bilaterally at 45 degrees. Braggards, Iliac compression, Kemp test, Lasegue, Milgram, and Valsalva tests are positive bilaterally. Knee orthopedic tests and signs consisting of McMurray test and Varus stress test are positive bilaterally. Treatment requested is for 8 additional Aquatic Therapy Sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 Additional Aquatic Therapy Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy/Physical Medicine Page(s): 22/98, 99.

**Decision rationale:** MTUS Guidelines supports the use of aquatic based exercises for individuals that have difficulties with gravity based activity. However, the Guidelines are specific that the amount of supervised activity should be similar to that of usual and customary physical therapy i.e. 8-10 sessions. This individual has had a prior course of supervised aquatic therapy and no specific gains are documented. This request significantly exceeds the number of supervised sessions that is Guideline supported and the requesting provider does not provide adequate documentation to justify an exception to Guidelines. If this has been beneficial, it is not clear why water based independent activity would not be a reasonable transition at this point in time. The request for an additional 8 sessions of supervised aquatic therapy is not supported by Guidelines and is not medically necessary.