

<b>Case Number:</b>	CM15-0140858		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

The injured worker is a (n) 46-year-old female, who sustained an industrial injury on 5-13-11. She reported injury to her neck, back, head, face, right shoulder, right elbow and ribs related to a slip and fall accident. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, post-concussion syndrome and muscle spasms. Treatment to date has included right shoulder surgery on 4-4-14, post op physical therapy, acupuncture, a cervical epidural injection, a lumbar epidural injection and a polysomnography. Current medications include Hydrocodone, Valium and Flexeril. As of the PR2 dated 6-11-15, the injured worker reports pain in her neck that radiates to the right upper extremity and pain in her right lower back that radiates to the right lower extremity. She is having difficulty with insomnia due to chronic pain. She rates her pain without medications a 7-9 out of 10. Objective findings include cervical flexion 20 degrees, extension 10 degrees and severe tenderness over the right erector capitis and trapezius muscle. The treating physician requested aquatic therapy x 18 sessions for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 aquatic therapy treatments for cervical spine and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 98-99.

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

**Decision rationale:** The patient presents on 06/11/15 with unrated neck and right upper extremity pain with associated numbness and tingling, improving headaches, unrated lower back and right lower extremity pain, unrated stomach pain, and associated insomnia. The patient's date of injury is 05/13/11. Patient is status post unspecified right shoulder surgery, and status post lumbar ESI. The request is for 18 aquatic therapy treatments for cervical spine and lumbar spine. The RFA is dated 06/10/15. Physical examination dated 06/11/15 reveals moderate to severe tenderness to palpation over the right erector capitus and trapezius muscles, tenderness to palpation over the right supraspinatus, infraspinatus, deltoid, and biceps muscles in the right upper extremity. Tenderness to palpation is also noted in the right hip and right knee. Right shoulder and right hip ranges of motion is decreased in all planes, and neurological examination reveals sensory deficits along the right C4 through C7 dermatomal distributions and decreased muscle strength in the right upper extremity. The patient is currently prescribed Norco, Cyclobenzaprine, Diphenhydramine, Dendracin, Zantac, Probiotic supplement, Promolaxin, Valium, and Elavil. Diagnostic imaging pertinent to the request was not provided. Patient's current work status is not provided. MTUS Guidelines, page 22, under Aquatic therapy states: "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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". In regard to the request for 18 sessions of aquatic therapy sessions for the management of this patient's chronic pain, the requesting provider has exceeded guideline recommendations. The documentation provided does not indicate that this patient has undergone aquatic therapy to date. However, the requested 18 sessions of pool therapy exceeds guideline recommendations, which only allow up to 10 visits. Therefore, the request as written cannot be substantiated and is not medically necessary.