

<b>Case Number:</b>	CM15-0185373		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 with a date of injury on 02-08-2012. The injured worker is undergoing treatment for chronic pain syndrome-fibromyalgia, depressive disorder, status post left shoulder arthroscopy, status post left knee arthroscopy for meniscal injury, left lumbar radiculopathy, severe left cervical radiculopathy with cord compression and increasing weakness. A physician note dated 08-04-2015 she reports she is taking minimal medication at this time and she is more alert. She is dealing with the chronic pain. There is some improvement in her mood. She has severe cervical and lumbar spine tenderness and left upper extremity weakness. Both knees are tender with the hinged brace support. She received cervical trigger point injections. She has had prior aquatic therapy with benefit. She is reporting a flare-up of pain. 8 visits of aquatic therapy are requested. A physician progress note dated 08-10-2015 documents the injured worker has increased pain to her left shoulder and left knee. She stopped taking her medications due to them not helping her. She has swelling present in the lower extremities. She rates her pain as 10 out of 10. She is very depressed due to the pain. Aquatic therapy is being recommended for the shoulders and knees. A physician progress note dated 08-14-2015 documents the injured worker complains of severe pain and widespread pain. She has increasing leg swelling and neck pain with upper extremity numbness and tingling. On examination she is wearing a knee brace and lumbar support. She is moving slowly and with depressed affect. She has painful limited cervical spine and lumbar spine range of motion with positive left Spurling and left upper extremity weakness. She has severe widespread pain, upper and lower extremity radiculopathy and bilateral knee internal derangement. Her pain is poorly controlled-will add Mobic. She received trigger point injections due to myofascial pain. Treatment to date has included diagnostic studies, medications, aquatic therapy with benefit, 16

physical therapy visits for the left shoulder and cervical trigger point injections. Current medications include Tramadol, Gabapentin for severe breakthrough pain and Linzess for irritable bowel syndrome. The treatment plan is for 8 aquatic therapy treatments. On 08-17-2015, Utilization Review modified the request for eight aquatic therapy visits for the cervical spine to 4 aquatic therapy visits for the cervical spine.

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

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

**Eight aquatic therapy visits for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** This 55 year old female has complained of neck pain, low back pain, shoulder pain and knee pain since date of injury 2/8/2012. She has been treated with surgery, trigger point injections, physical therapy and medications. The current request is for eight aquatic therapy visits for the cervical spine. Per the MTUS guidelines cited above, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The medical necessity/rationale for continued passive physical therapy and supervised aquatic therapy is not documented in the available medical records. On the basis of the MTUS guidelines and available medical documentation, aquatic therapy 8 sessions for the cervical spine is not indicated as medically necessary.