

<b>Case Number:</b>	CM15-0188977		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 8-01-2014. The injured worker was being treated for lumbar sprain-strain with associated disc disease, scoliosis, and associated radicular pain, and repetitive strain injury of the bilateral upper extremities. Treatment to date has included diagnostics, physical therapy, chiropractic, acupuncture, and medications. Currently (8-26-2015), the injured worker complains of lumbar spine pain, rated 2-3 out of 10 at rest, 4-5 out of 10 with activity, and 8 out of 10 prior to aqua therapy. She reported bilateral wrist pain, rated 2 out of 10 at rest, 4 out of 10 with activity, and 6 out of 10 prior to aqua therapy. Medications included Ibuprofen, Cyclobenzaprine, and Lidoderm patches. A review of symptoms was positive for knee pain. Physical exam of the lumbar spine noted a pelvic tilt with moderate scoliosis, moderate tenderness of the lower lumbar spine and paraspinal muscle spasms, flexion 45 degrees, extension 15 degrees, and normal lateral rotation and flexion. Range of motion measurements were unchanged from progress report dated 2-11-2015, along with consistent physical examination findings. Her wrists showed mild to moderate tenderness, positive compression tests, and positive numbness. Phalen's tests were positive. Range of motion in the hands-wrists was equal and symmetrical. Neurological exam noted "equal and bilaterally symmetrical" muscular strength. A decrease in sensation was noted in L4 on the left and L5 on the right, along with digits 1-3 in the median nerve distribution bilaterally. It was documented that she completed 12 of 12 aqua therapy rehab visits with a 40-50% reduction in pain and restoration of her function. Her work status remained modified, remaining on total temporary disability if unable to accommodate. Progress reports from recent

aqua therapy were not submitted (only evaluation on 7-01-2015 without notation of range of motion measurements). The treatment plan included aqua therapy for the lumbar spine and bilateral wrists, 1x6, non-certified by Utilization Review on 9-16-2015.

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

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

**Aqua therapy 1 time a week for 6 weeks to lumbar spine and bilateral wrist: 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): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy one time per week times six weeks of the lumbar spine and bilateral wrists is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are sprained strain of lumbar spine with associated radicular pain; and repetitive strain injury bilateral upper extremity with resultant bilateral carpal tunnel syndrome. Date of injury is August 1, 2014. Request for authorization is September 11, 2015. The requesting provider (DPM, DC) has recommended land-based physical therapy and prior documentation. There is no contemporaneous progress note requesting aquatic therapy. A non-requesting provider's documentation shows an additional request for land-based physical therapy. According to a May 13, 2015 progress note by a non-requesting provider, subjective complaints are lumbar spine and right wrist pain. The treatment plan is to continue physical therapy and rehabilitation. There is no clinical indication for aquatic therapy. The request for authorization includes aquatic therapy for the bilateral wrists. There is no clinical rationale for aquatic therapy to the bilateral wrists (a non-weight bearing region). There is no documentation with a clinical indication or rationale for aquatic therapy of the lumbar spine. There is no documentation of failed land-based physical therapy. There is no documentation indicating reduced weight-bearing is desirable. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for aquatic therapy, no contemporaneous clinical documentation by the requesting provider on or about the date of request for authorization and no clinical rationale for reduced weight bearing, aquatic therapy one time per week times six weeks of the lumbar spine and bilateral wrists is not medically necessary.