

<b>Case Number:</b>	CM15-0200374		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 57 year old female, who sustained an industrial injury on 9-27-2011. The injured worker is undergoing treatment for myofascial pain, thoracic and lumbar strain-sprain, lumbar radiculopathy, lumbar annular tear and cervical, thoracic and lumbar myofascitis. Medical records dated 9-23-2015 indicate the injured worker complains of constant, aching, throbbing neck pain and stiffness radiating to the bilateral upper extremities and rated 6-8 out of 10. She has constant, aching, throbbing thoracic pain rated 5-7 out of 10, constant, aching, throbbing lumbar pain rated 6-8 out of 10 and radiating to the lower extremities with numbness, tingling and weakness. Physical exam dated 9-23-2015 notes cervical tenderness to palpation with decreased range of motion (ROM), slow guarded gait, thoracic and lumbar tenderness to palpation with decreased range of motion (ROM) and decreased lumbar and lumbosacral dermatome sensitivity. Treating physician on 9-23-2015 review of lumbar magnetic resonance imaging (MRI) from 3-27-2015 indicates disc bulges and stenosis. Treatment to date has included lumbar spine traction unit, hernia repair, medication, physical therapy, acupuncture and pain management. The original utilization review dated 10-12-2015 indicates the request for aquatic therapy 2 X 4 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, eight (8) sessions (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

**Decision rationale:** The patient presents on 09/23/15 with cervical spine pain rated 6-8/10, thoracic spine pain rated 5-7/10, lumbar spine pain rated 6-8/10, and associated anxiety and depression secondary to chronic pain. The patient's date of injury is 09/27/11. Patient is status post right shoulder arthroscopy on 09/28/11. The request is for AQUATIC THERAPY, EIGHT (8) SESSIONS (2X4). The RFA is dated 09/29/15. Physical examination dated 09/23/15 reveals tenderness to palpation of the cervical spinous process, supraspinous ligaments, and paravertebral musculature with positive axial compression test, axial distraction test, and hyperextension test noted bilaterally. The provider notes pain elicitation with range of motion exam of the bilateral shoulders, positive Neer's, and Hawkin's tests bilaterally. There is also tenderness to palpation of the thoracic and lumbar spinous processes, supraspinous ligaments, and paravertebral musculature with decreased sensation noted in the L4, L5, S1, and S1 dermatomal distributions bilaterally. Patient is currently working. MTUS Guidelines, Aquatic therapy section, page 22 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, Physical Medicine section, pages 98-99 state: 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 8 sessions of additional aquatic therapy for the management of this patient's multi-system chronic pain, the requesting provider has exceeded guideline recommendations. Per progress note dated 09/23/15, it is indicated that this patient was certified for a series of 8 aquatic therapy sessions on 05/27/15 for her chronic pain complaints. There is no discussion provided as to how these sessions have improved this patient's function and reduced her pain, though it is not clear if the sessions were in progress or yet to be carried out. The requested 8 sessions in addition to the 8 already authorized exceeds guideline recommendations (which only allow up to 10 visits) and cannot be substantiated. Therefore, the request IS NOT medically necessary.