

<b>Case Number:</b>	CM15-0022752		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/16/2006
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona

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 61-year-old male who reported an injury on 08/16/2006. The mechanism of injury was not stated. The current diagnoses include chronic neck pain, status post radiofrequency ablation, history of elbow fracture, status post revision carpal tunnel release on 01/08/2010, chronic low back pain, and chronic insomnia. The injured worker presented on 12/17/2014 with complaints of ongoing neck pain, low back pain, and left upper extremity pain. The current medication regimen includes Duragesic 25 mcg, Norco 10/325 mg, Neurontin 800 mg, Lidoderm 5% patch, Pristiq, Abilify, Colace 100 mg, Testim gel 1%, and Zanaflex 4 mg. There was no physical examination provided on the requesting date. Recommendation included a refill of the current medication regimen, as well as 6 sessions of water therapy. The injured worker was also pending authorization for Botox injections. A Request for Authorization form was then submitted on 01/02/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of water therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [dir.ca.gov/ts/cha4\\_5sb1a5.html](http://dir.ca.gov/ts/cha4_5sb1a5.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. In this case, there was no indication that this injured worker required reduced weight bearing as opposed to land based physical therapy. There was no physical examination provided on the requesting date; therefore, there is no evidence of a significant musculoskeletal deficit. Furthermore, the injured worker has previously participated in aquatic therapy. There was no documentation of the previous course of treatment with evidence of objective functional improvement. Given the above, request is not medically appropriate.