

<b>Case Number:</b>	CM15-0047837		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 33-year-old female who sustained an industrial injury on 11/24/12. Initial complaints and diagnoses are not available. Treatments to date include medications. In a progress note dated 12/16/15 the treating provider reports the plan of care as continued medications including Voltaren gel, Celebrex, Cymbalta, and cyclobenzaprine, psychological QME for chronic pain control, and water physical therapy to start water based home movement program. The requested treatment is water physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of water physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

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

**Decision rationale:** Based on the 02/16/15 progress report, the patient presents with upper back and right shoulder pain radiating to arm, rated 7-8/10. The request is for 12 SESSIONS OF

WATER PHYSICAL THERAPY. There is no RFA provided and the date of injury is 11/24/12. The diagnoses includes chronic pain due to trauma, sprain shoulder, sprain supraspinatus, sprain neck, neuropathy and depressive disorder. Physical examination to the right shoulder revealed reduced range of motion reaching around behind back, which provokes tingling sensation in the anterior arm and forearm down into the hand. There is positive Neer and Hawkins test. Current medications include Cyclobenzaprine, Voltaren 1% gel and Celebrex. The patient is temporarily totally disabled, per QME. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect 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. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Per treater report 02/16/15 treater states, "Requesting water PT for chronic pain to start water based home movement program as per MTUS guidelines. 12 visits." There is no mention that the patient is extremely obese and there is no discussion as to why the patient requires weight reduced exercises. There is no documentation of a flare-up, decline in function or a new injury to warrant a course of therapy either. The request would also exceed what is allowed by MTUS for the patient's condition. Therefore, this request IS NOT medically necessary.