

<b>Case Number:</b>	CM14-0111539		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who reported an injury on 05/01/2014. The injured worker sustained injuries to his head and neck from repetitive bending, twisting, lifting, and carrying heavy objects weighing up to and over 100 pounds. The injured worker's treatment history included MRI of the cervical spine, 12 postoperative therapy sessions, 6 on land and 6 in the pool, chiropractic sessions, and medications. The injured worker was evaluated on 09/03/2014 and it was documented the injured worker complained of pain radiating to the upper extremities, right shoulder pain, right elbow pain, wrist, and hand pain, with numbness and tingling to the fingers, back pain, bilateral knee pain and bilateral foot pain. Examination of the cervical spine revealed cervical lordotic curvature. There was shoulder girdle unleveling, with the left being higher than the right by 1 cm. Palpation elicited tenderness and muscle guarding over the paraspinal musculature and upper trapezius muscles. Axial compression test and Spurling's maneuver elicited increased neck pain without a radicular component. The range of motion was limited in all planes. Examination of the thoracolumbar spine revealed an increased lumbar lordotic curvature. Palpation elicited tenderness and muscle guarding over the thoracic and lumbar paraspinal musculature and lumbosacral junction. Straight leg raising tests, both seated and supine, elicited increased low back pain without a radicular component. Kemp's test elicited increased low back pain. The range of motion of the lumbar spine was limited in all planes. Upon examination of the bilateral shoulders, inspection revealed shoulder unleveling with the left being higher than the right by 1 cm. Palpation elicited tenderness and muscle guarding over the periscapular and upper trapezius muscles, subacromial region, and acromioclavicular joint. Passive ranging of both shoulders produced subacromial crepitus. Impingement test and cross arm test were positive, on the right side worse than the left.

Codman's drop arm test, Yergason's test, and apprehension test were negative bilaterally. Examination of the bilateral elbows/wrists/hands revealed normal symmetrical contour. Palpation was notable for tenderness over the medial and lateral epicondyles in extensor and flexor muscle groups and tendons, bilaterally, right side worse than left. There was also tenderness over the distal forearm extensor and flexor muscle groups and tendons. At the elbows, Tinel's sign and bent elbow test were positive for migrating paresthesia to the fourth digits of both hands. At the wrists, Tinel's sign and Phalen's test elicited migrating paresthesia to the first, second and third fingers of both hands. The range of motion in the bilateral elbows and bilateral wrists were limited in all planes. Examination of the bilateral ankles/feet revealed pes planus deformity with hyper pronation. Palpation elicited tenderness along the plantar fascia, right side worse than left, as well as over the metatarsals of the right foot. There were no ligamentous laxity with inversion and eversion stress tests, or with drawer tests. The range of motion in the bilateral ankles were limited in all planes. Diagnoses included status post left knee arthroscopy, 2013, right knee comparison. The Request for Authorization dated 06/16/2014 was for aquatic therapy, 12 visits for the bilateral knees, bilateral ankles, mid/low back, neck, bilateral wrists, and bilateral elbows.

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

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

#### **Aquatic Therapy 12 visits Bilateral Knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY & PHYSICAL MEDICINE Page(s): 22 & 99.

**Decision rationale:** The request for aquatic 12 visits bilateral knees is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was lack of documentation on the injured worker's outcome of conservative care such as home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goals. The requested amount of visits exceeds # of visits per guidelines. The documents submitted indicated the injured worker had undergone aquatic therapy. However, the outcome measurements were not submitted for this review. As such, the request for Aquatic Therapy 12 visits Bilateral Knees is not medically necessary.

#### **Aquatic Therapy 12 visits Bilateral Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY & PHYSICAL MEDICINE Page(s): 22 & 99.

**Decision rationale:** The request for aquatic therapy 12 visits for bilateral knees is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was lack of documentation on the injured worker's outcome of conservative care such as home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goal. The requested amount of visits exceeds the number of visits per the guidelines. Additionally, the documents submitted indicated the injured worker had aquatic therapy sessions. However the outcome measurements were not submitted for this review. As such, the request for Aquatic Therapy 12 visits Bilateral Wrists is not medically necessary.

**Aquatic Therapy 12 visits Mid/low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY & PHYSICAL MEDICINE Page(s): 22 & 99.

**Decision rationale:** The request for 12 aquatic therapy for Mid/low back is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was lack of documentation on the injured worker's outcome of conservative care such as home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goal for functional improvement. The requested amount of visits exceeds the number of visits per the guidelines. The documents submitted indicated the injured worker had aquatic therapy sessions. However, the outcome measurements were not submitted for review. As such, the request for Aquatic Therapy 12 visits Mid/low back is not medically necessary.

**Aquatic Therapy 12 visits Neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY & PHYSICAL MEDICINE Page(s): 22 & 99.

**Decision rationale:** The request for 12 aquatic therapy for neck is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was lack of documentation on the injured worker's outcome of conservative care such as home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goals. The requested amount of visits exceeds recommended amount of visits per guidelines. Additionally, the request submitted indicated the injured worker had aquatic therapy sessions. However, the outcome measurements were not submitted for this review. As such, the request for Aquatic Therapy 12 visits Bilateral Elbows is not medically necessary.

**Aquatic Therapy 12 visits bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY & PHYSICAL MEDICINE Page(s): 22 & 99.

**Decision rationale:** The request for 12 aquatic therapy for bilateral wrists is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was lack of documentation on the injured worker's outcome of conservative care such as home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goal. As such, the request for 12 aquatic therapy for bilateral wrists is not medically necessary.

**Aquatic Therapy 12 visits bilateral elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY & PHYSICAL MEDICINE Page(s): 22 & 99.

**Decision rationale:** The request for 12 aquatic therapy visits for bilateral elbows is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend

aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. There was lack of documentation on the injured worker's outcome of conservative care such as home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goals. As such, the requests for aquatic therapy 12 visits for bilateral elbows is not medically necessary.