

<b>Case Number:</b>	CM14-0130131		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 and is licensed to practice in California. 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 61 year old female who reported an injury on 01/02/2014 due to cumulative trauma injury to her back, both shoulders and both hands and wrist. Diagnoses included right and left wrist carpal tunnel syndrome, bilateral shoulder pain and weakness. Past treatment included injections of cortisone to the left wrist on 01/15/2014, wrist splints, 8 sessions of physical therapy for bilateral shoulders and wrist, home exercise, and over the counter medications. Diagnostic testing included MRI of right shoulder with contrast, 05/02/2014 non-official, positive bilateral phalen's and tinnel's test, EMG/NCV of upper extremities unknown date showing bilateral carpal tunnel syndrome, Musculoskeletal ultrasound The surgical history was not provided. The injured worker complained on 07/20/2014 of persistent pain in right shoulder 8/10, bilateral elbows and bilateral wrist and hands 8/10. The pain worsens with activities and improves with rest and medications. Physical examination revealed decreased range of motion to the right shoulder with decreased strength at 4/5 with flexion and extension. The injured worker had tenderness to acromioclavicular joint. The Neer's impingement and Hawkins impingement tests were positive. The examination of the bilateral elbows revealed tenderness over the medial epicondyle and a positive Cubital Tinel's sign bilaterally. In addition there was decreased range of motion and decreased strength at 4/5 with flexion and extension. The examination of the bilateral wrists and hands revealed decreased grip strength of 4/5 bilaterally. Medications included Advil. The treatment plan is for EMG/NCV of bilateral extremities, aquatic therapy to bilateral upper extremities two times a week for six weeks, and diclofenac/lidocaine (3%/5%) 180g. The rationale for the request is the physician feels aquatic therapy would be sufficient for the injured worker to regain function and increase strength. The request for authorization form was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

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

**Decision rationale:** The request for Aquatic therapy 2 x4 weeks is not medically necessary. The injured worker completed 8 sessions of physical therapy. The California MTUS guidelines state Aqua 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 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. 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. The California MTUS guidelines also state Physical Medicine Guidelines for Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The injured worker has completed 8 sessions of land-based physical therapy. There is lack of documentation of significant functional deficits. The request for aquatic therapy exceeds the guidelines. There is lack of documentation of a self-directed home exercise program has not been effective. The injured worker would likely benefit from a continuation of self-directed home physical medicine in order to continue functional gains and pain reduction. As such, the request of aquatic therapy is not medically necessary.