

<b>Case Number:</b>	CM14-0130575		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Illinois. 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 55-year-old female with a reported injury on 06/06/2012. The mechanism of injury was not provided. The injured worker's diagnoses included chronic myofascial pain syndrome of the cervical spine; chronic sprain, right shoulder with internal derangement, per abnormal MRI of the right shoulder; right carpal tunnel syndrome; flexor tenosynovitis to the right ring finger; status post lumbar spine surgery; and polymyositis generalized. The injured worker's previous treatments included medications, physical therapy, home exercise program, meditation, right medial nerve blocks, and work modifications in the form of ergonomic keyboard, mouse, chair, and foot stool. The injured worker's previous diagnostic testing included an EMG/NCV of the right upper extremity on 07/25/2012, which revealed mild right carpal tunnel syndrome, an ergonomic evaluation in 06/2012, and a right shoulder MRI on 02/27/2014. The injured worker's previous surgical history included a L5-S1 laminectomy, discectomy in 12/2012. On a visit dated 04/16/2014, the injured worker's height was measured at 5'5 and weight was measured at 260 pounds for a BMI of 43.3. The injured worker was evaluated on 06/06/2014 for complaints of neck pain, right shoulder pain, frequent pain and numbness in the right hand, and feelings of depression. The clinician observed and reported that the ranges of motion of the cervical spine were slightly restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus muscles. Neck compression test was positive. The ranges of motion of the right shoulder were slightly decreased in all directions. The shoulder impingement test was positive. Sensation to fine touch and pinprick was decreased in the 1st, 2nd, and 3rd digits of the right hand. Grip strength was decreased in the right hand at +4/5. The proximal muscles of the right upper extremity did not test well due to pain. A right medial nerve block was administered at this visit. The clinician's plan was to

continue medications, home muscle stretching exercises, aquatic therapy, deep breathing type meditation, and followup in 6 weeks. The injured worker's medications included Fioricet 1 tab daily as needed for migraine headaches and Norco 10/325 mg 1 as needed for lower back pain. The request was for additional aquatic therapy 2 times per week for 3 weeks, lumbar spine. The rationale for the request was not provided. The Request For Authorization form was submitted on 06/10/2014.

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

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

**Additional Aquatic Therapy 2xwk X3wks Lumbar Spine: 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): 98-99,22.

**Decision rationale:** The request for Additional Aquatic Therapy 2xwk X3wks Lumbar Spine is not medically necessary. The injured worker complained of neck and right shoulder pain. The California MTUS Chronic Pain Guidelines do recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy, including swimming, can minimize the 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. The physical medicine guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Based on the height and weight documented on the 04/16/2014 visit, the injured worker's BMI would be 43.3, which is obese; however, no complaints of low back pain were documented, nor was there a documented clinical examination with objective findings of the lumbar spine. As such, there is no way to determine what the functional baseline is, or going forward, whether or not aquatic therapy improved function. Therefore, the request for Additional Aquatic Therapy 2xwk X3wks Lumbar Spine is not medically necessary.