

<b>Case Number:</b>	CM14-0090264		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/17/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2014

### 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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 67 year old female whose date of injury is 07/17/2003. The mechanism of injury is described as chemical exposure. Diagnoses are cervical strain, bilateral carpal tunnel syndrome, and fibromyalgia. The injured worker has a negative surgical history. Treatment to date includes aquatic therapy and medication management. The most recent documentation submitted for review is dated 02/04/14. The injured worker complains of neck and upper extremity pain. On physical examination cervical range of motion is decreased. Strength is normal. Deep tendon reflexes are 2+ bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy, 2x5 (two times a week for five weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

**Decision rationale:** There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The injured worker has reportedly undergone prior aquatic therapy;

however, the injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. There is no clear rationale provided as to why reduced weight bearing is desirable as required by MTUS guidelines for aquatic therapy. As such, Aquatic Therapy, 2x5 (two times a week for five weeks) is not medically necessary.