

<b>Case Number:</b>	CM14-0151913		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. 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: Internal Medicine

### 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 53 year old female, who sustained an industrial injury on 12/18/2009. Diagnoses have included cervical and lumbosacral radiculopathy, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, right shoulder sprain, depression and insomnia. Treatment to date has included medication. According to the progress report dated 7/22/2014, the injured worker complained of constant, intractable neck, upper and lower back pain. She complained of frequent pain and numbness in her bilateral lower extremities. Objective findings revealed slightly restricted range of motion of the cervical spine and moderately restricted range of motion of the lumbar spine. There were multiple myofascial trigger points and taut bands noted throughout the cervical and lumbar area. Authorization was requested for medications, aquatic therapy and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for cervical spine (2x6) 12 sessions:** 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 22. Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Medical records document that the patient had completed 12 sessions of aquatic therapy in the past. The primary treating physician's progress report dated 6/17/14 documented the diagnoses of cervical and lumbar radiculopathy, cervical and thoracolumbar spine chronic myofascial pain syndrome, and right shoulder sprain injury. Weight was not documented. No functional improvement was documented with past physical therapy or aquatic therapy. The primary treating physician's progress report dated 7/22/14 documented the diagnoses of cervical and lumbar radiculopathy, cervical and thoracolumbar spine chronic myofascial pain syndrome, and right shoulder sprain injury. Weight was not documented. No functional improvement was documented with past physical therapy or aquatic therapy. The primary treating physician's progress report dated 8/22/14 documented the diagnoses of cervical and lumbar radiculopathy, cervical and thoracolumbar spine chronic myofascial pain syndrome, and right shoulder sprain injury. Weight was not documented. No functional improvement was documented with past physical therapy or aquatic therapy. Official Disability Guidelines (ODG) indicate that patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. No functional improvement was documented with past physical therapy or aquatic therapy. The request for 12 additional sessions of aquatic therapy would exceed ODG guideline recommendations, and is not supported. Therefore, the request for aquatic therapy 12 sessions is not medically necessary.