

<b>Case Number:</b>	CM15-0006153		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 04/12/2004. On provider visit dated 11/18/2014 the injured worker has reported right shoulder lower back pain, left hip, groin and left leg into toes pain. The diagnoses have included chronic pain syndrome, shoulder pain, lower back pain, sciatica, lumbar/ thoracic radiculopathy, post laminectomy syndrome. Treatment to date has included injections and medication. Treatment plan included Aquatic Therapy 2x a week for 10 weeks for shoulder, lower back and hips and medication refills. On 12/11/2014 Utilization Review non-certified Aquatic Therapy 2x a week for 10 weeks for shoulder, lower back and hips, noting as not medical necessary. The CA MTUS, ACOEM, and Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2x a week for 10 weeks for shoulder, lower back and hips:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with right shoulder lower back pain, left hip, groin and left leg into toes pain. The request is for AQUATIC THERAPY 2X WEEK FOR 10 WEEKS FOR SHOULDER, LOWER BACK AND HIPS. Per progress report dated 11/18/14, the patient's pain scale is rated 8/10 with and 10/10 without medications. Patient's medications include Kadian, Celebrex, Lyrica and Zanaflex. The patient is permanent and stationary, per treater report dated 09/29/14. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic 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 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. 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. MTUS page 98 and 99 has the following: Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Treater states in progress report dated 11/18/14 that "patient is ready to participate in physical therapy now with partial improvement in her pain. Of note she has gotten improvement in her pain and function in the past. Also, as noted by her internist for her diabetes, she desperately needs aquatic therapy, with goal of exercise and weight loss, as her blood glucose is in the 300s." However, there is no discussion provided as to why the patient cannot perform land-based therapy or home exercise program. There is no mention that the patient is extremely obese and there is no discussion as to why the patient requires weight reduced exercises. There are no details about the need for the use of specialized equipment, either. Furthermore, the request for 20 sessions would exceed guideline recommendation. Therefore, this request IS NOT medically necessary.