

<b>Case Number:</b>	CM15-0103667		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	11/27/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 33-year-old male who sustained an industrial injury on 11/27/2014. The mechanism or original injury reports are not available in the records provided. The injured worker was diagnosed as having headaches, bilateral eye complaints of blurred vision; cervical spine musculoligamentous sprain/strain; left shoulder, musculoligamentous sprain/strain; Lumbar spine musculoligamentous sprain/strain; lumbago; lumbar spine myospasm; cervical spine disc herniation, multi-level with cord encroachment and neural foraminal narrowing; rule out cervical radiculitis versus radiculopathy; lumbar disc herniation multi-level with cord encroachment and neural foraminal narrowing; rule out lumbar radiculitis versus radiculopathy. Treatment records are not available at the exam, but from the treatment recommendations, the worker has had aqua therapy, electromyogram/nerve conduction velocity (EMG/NCV) tests, and an authorization has been requested for transcutaneous electrical nerve stimulation (TENS)/ Multi-Stim/Interferential unit as well as a hot and cold pack/wrap or thermal combo unit. Currently, the injured worker complains of low and mid back pain and pain in the left shoulder. The worker has mild to moderate left shoulder pain primarily when reaching upward. On exam, there is tenderness to palpation with spasms of the paraspinals and upper trapezius muscles bilaterally. C5, C6, and C7 reflexes are 2+ and intact. Cervical spine range of motion is significantly decreased in flexion (35 degrees) extension, right flexion and left flexion (10 degrees) and right and left rotation (15 degrees). The lumbar spine has hypolordosis and there is tenderness to palpation with spasms of the bilateral paraspinals and quadratus lumborum muscles. Patellar, L4, and Achilles S1 are 2+ bilaterally. Range of motion of the lumbar spine is:

flexion 35 degrees, extension 10 degrees, right flexion 5 degrees with pain, left flexion is 10 degrees. The left shoulder and arm have tenderness to palpation over the upper trapezius, latissimus dorsi, and bicipital groove area. Reflexes are intact. The treatment plan is to continue with aqua therapy while awaiting the EMG/NCV results and response to prior requests. Prilosec, Voltaren, and Fexmid were ordered. A request for authorization was made for Aqua Therapy 2x6.

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

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

#### **Aqua Therapy 2x6: Upheld**

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

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

**Decision rationale:** According to MTUS 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 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 maybe required to preserve most of these gains. (Tomas-Carus, 2007)" There no clear evidence that the patient is extremely obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no clear objective documentation for the need of aquatic therapy. Therefore, the prescription of 12 AQUA THERAPY SESSIONS is not medically necessary.