

<b>Case Number:</b>	CM15-0127774		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Emergency 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 56 year old male who sustained an industrial injury on 07/09/12. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, and chiropractic therapy. Diagnostic studies are not addressed. Current complaints include pain in the neck, low back, bilateral shoulders and elbows, bilateral wrists and hips. Current diagnoses include cervical and lumbar spine musculoligamentous injury with discopathy, cervical and lumbar spine neural foraminal stenosis, bilateral shoulders impingement syndrome, left shoulder anterior lateral tear, bilateral elbow epicondylitis, bilateral elbow internal derangement, bilateral wrist neuritis, and left wrist partial triangular fibrocartilage complex tear. In a progress note dated 05/18/15 the treating provider reports the plan of care as home exercises, aqua therapy, and functional capacity evaluation / National Institute for Occupational Safety and Health (NIOSH). The requested treatments include aqua therapy and functional improvement measurements/NIOSH testing in 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial 24 visits of aqua therapy: 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): 22; 99.

**Decision rationale:** The request is for aquatic therapy. It 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. 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. The guidelines recommend fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For new conditions, or an acute exacerbation of a chronic condition, the guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis. Within the notes from the treating provider, there is no clear documentation of definite benefit from previous physical therapy, no clear indication why the injured worker would benefit from aqua therapy specifically, and no clear indication that the injured worker is suffering from an acute exacerbation of the chronic pain. Furthermore, even if the request for aqua therapy fell within the recommendations of the guidelines, the request for 24 sessions far exceeds what would be supported. The request as written is not supported by the MTUS is therefore not medically necessary.

**Functional improvement measurement with functional improvement measures using NIOSH testing/30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81-82.

**Decision rationale:** The criteria for use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Functional capacity evaluations may establish physical abilities and also facilitate the examinee/employer relationship for return to work. However, a functional capacity evaluation can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming functional capacity evaluations accurately predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination for work capabilities and restrictions. However, there is no clear documentation to suggest that the injured worker is nearing a return to work, but instead suffers from ongoing pain and limited activity. It is unclear what benefit a functional capacity evaluation would provide. Therefore, the request as written is not supported by the MTUS and is not medically necessary.