

<b>Case Number:</b>	CM15-0094942		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 55 year old female who sustained a work related injury August 18, 1999. She was struck by a lead pipe to the right chin. She developed headaches, jaw pain, trouble with sleep, neck pain, tinnitus of both ears, and double vision. Diagnoses documented as blunt head trauma and posttraumatic headaches. According to a complex neurologic re-evaluation, dated April 20, 2015, the injured worker reports no improvement and constant headaches and neck pain, rated 10/10. She also reports constant pain of the jaw, face, bilateral shoulders, upper limbs, forearms, upper/mid/low back, rated 10/10. When her jaw is opened, it deviates to the left and there is prominent popping and clicking of the TMJ (transmandibular joint) bilaterally. Diagnoses are documented as s/ trauma, TMJ, bilaterally; occipital neuralgia; probable cervical radiculopathy; cognitive impairment; emotional distress. At issue is the request for aquatic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The 56 year old patient complains of pain in neck, upper back, jaw, face, bilateral shoulders, upper limbs, and forearms, rated at 10/10, along with worsening headaches, as per AME report dated 04/20/15. The request is for 12 AQUATIC THERAPY SESSIONS FOR THE CERVICAL SPINE, AS AN OUTPATIENT. No RFA could be found for this request, and the date of injury is 08/18/99. The patient also complains of mid and lower back pain, rated at 5/10, accompanied by anxiety and depression, as per AME report dated 04/20/15. Medications included Cyclobenzaprine, Tramadol, Flurbiprofen and Pantoprazole. Diagnoses, as per progress report dated 07/14/14, included status post TMJ trauma bilaterally, occipital neuralgia, probable cervical radiculopathy, cognitive impairment, emotional distress, and sleep problems. The patient is temporarily totally disabled, as per the same progress report. MTUS page 22 has the following regarding aquatic therapy: Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has undergone aquatic therapy in the past. In progress report dated 04/01/13, the treater recommends 8 weeks of aquatic therapy, as it was "beneficial in the past." As per progress report dated 03/05/14, the patient was "scheduled for aquatic therapy on 01/14/14." In progress report dated 07/14/14, the treater recommends continuation of aquatic therapy. The current request is for 12 additional sessions. While several reports discuss aquatic therapy, they do not document the number of sessions completed in the past and their impact on pain and function. It is not clear why the patient cannot perform land-based physical therapy and why the patient has not transitioned into a home-based exercise regimen. The reports lack documentation required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.