Case Number:	CM14-0072100		
Date Assigned:	07/16/2014	Date of Injury:	11/05/2007
Decision Date:	11/20/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male, with a reported date of injury of 12-27-2012. The diagnoses include chronic daily headaches, cervicogenic and vascular type; chronic bilateral shoulder sprain injury; status post arthroscopic surgery of the right knee with residual internal derangement and pain in the left knee due to overcompensation; gastritis, secondary to NSAIDs (non-steroidal anti-inflammatory drugs); and chronic myofascial pain syndrome, cervical and thoracolumbar spine. Treatments and evaluation to date have included Topamax, trigger point injections, and right knee brace. The diagnostic studies to date have included electrodiagnostic studies on 02-13-2014, which showed mild chronic denervation due to bilateral ulnar neuropathy, mild to moderate right carpal tunnel syndrome, mild left carpal tunnel syndrome, and mild to moderate ulnar nerve entrapment at both elbows. The progress report dated 03-28-2014 indicates that the injured worker reported that her headaches have been well-controlled with Topamax. She had painful movements of both her shoulders and both knees that varied from 5-8 out of 10 without medications. The injured worker indicated that she had been getting greater than 50% pain relief with the trigger point injections in terms of her neck, upper and lower back pain. Although she noted more stiffness in her back upon awakening in the morning. It was noted that the injured worker had been having a lot of muscle spasms on the sides of her neck. She was not working. The objective findings include slightly restricted cervical and lumbar spine range of motion in all planes; slightly restricted range of motion of the bilateral shoulders in all directions; slightly restricted bilateral knee range of motion in all directions; decreased left shoulder proximal muscles; multiple myofascial trigger points and taut bands

throughout the cervical paraspinal, trapezius, levator scapular, scalene, infraspinatus, thoracic, lumbar paraspinal musculature, and gluteal musculature; decreased sensation to light touch and pinprick in the C6-7 dermatomes, as well as in the L4-5 dermatomes on the right; decreased sensation to fine touch and pinprick in all fingers of the left hand; and decreased grip strength of the left hand. The treatment plan included aquatic therapy exercises two times a week for six weeks. The injured worker's disability status indicates that the injured worker has been released to return to her regular job. The request for authorization was dated 03-28-2014. The treating physician requested twelve outpatient aqua therapy sessions to the left foot, twice a week for six weeks, to bilateral shoulders, right knee, cervical, thoracolumbar spine, submitted diagnosis chronic myofascial pain syndrome. On 04-28-2014, Utilization Review (UR) non-certified the request for twelve outpatient aqua therapy sessions to the left foot, twice a week for six weeks, to bilateral shoulders, right knee, cervical, thoracolumbar spine, submitted diagnosis chronic myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 6 weeks for the bilateral shoulder, right knee, cervical and thoracolumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.acoempracguides.org/Chronic Pain: Table 2, Summary of Recommendation, Chronic Pain Disorders..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: According to the cited CA MTUS guidelines, "Aqua 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 desirably... Water exercise improved some components of health-related quality of life, balance, and stair climbing in females." From my review of the provided documents there does not seem to be a specific clinical need for aquatic therapy over land based physical therapy. It does not appear that the IW has inability to perform land-based therapy such as a home exercise program and there is no mention that his conditioned would be exacerbated by weight bearing activity. Consequently, the request for aquatic therapy is not supported by the guidelines as being medically necessary.