

<b>Case Number:</b>	CM13-0003826		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old male who sustained a work-related injury on 03/20/2011. The clinical information indicated a request for authorization, made on 07/08/2013, for aquatic therapy 2 times a week for 4 weeks. The most recent evaluation, dated 10/21/2013, documented subjective complaints of constant neck pain with associated headaches that he rated at a 10/10. Physical examination revealed tenderness to palpation, decreased sensation and decreased range of motion. The treatment plan at that time consisted of medication refills and encouragement to follow up with aquatic therapy denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise when there is documented intolerance to gravity resisted land-based therapy. Additionally, the guidelines indicate that aquatic therapy is specifically recommended when

reduced weight-bearing is desirable. The clinical information submitted for review lacks documentation that the patient has attempted and failed land-based therapy or that the patient cannot tolerate weight-bearing. As such, the request for aquatic therapy 2 times 4 is non-certified.