

<b>Case Number:</b>	CM13-0012293		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	02/11/1994
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/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 66 year old female with a date of injury on 02/11/1994. She fell down a flight of stairs and sustained injuries to neck and back. She ambulates with a cane. She is not obese. She had twelve visits of aquatic physical therapy starting in 08/27/2012 and another twelve visits starting 04/18/2013. The request was for another twelve visits of aquatic physical therapy received on 07/25/2013. The office visit note that day revealed that she had a decreased cervical range of motion with decreased C6 sensation and decreased hand grip strength. In 2008 a cervical Magnetic Resonance Imaging noted degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY 2 TIMES A WEEK FOR 6 WEEKS:** 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 PHYSICAL THERAPY Page(s): 22, 98-99.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines page 22 notes that aquatic therapy has an advantage for very heavy people who cannot do land based physical therapy and use the advantage of water limiting the effect of

the extra weight gravity. However, the number of physical therapy visits is determined by the total physical therapy visits (combined water and land) as per guidelines. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for chronic pain allow a maximum of ten physical therapy visits. She has already exceeded the maximum allowed physical therapy visits with the initial twelve visits already completed and the additional twelve visits is not consistent with the guidelines.