

<b>Case Number:</b>	CM13-0022539		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Pain Management, has a subspecialty certificate in Disability Evaluation, 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 32-year-old male with a stated date of injury of 8/20/2012. The patient states that he suffered an industrial injury while working as a finish carpenter for. He has received treatment for his industrial injuries from [REDACTED]. He states that he has been feeling worried. He is anxious. He has trouble sleeping. When he has stress he experiences episodes of chest pain and shortness of breath which can occur with or without exertion. He denies any lightheadedness, palpitations or syncope. He has no prior history of respiratory problems such as pneumonia or asthma. He has no prior history of myocardial infarction, stroke or other cardiovascular complications. He denies illicit drug use. His most recent BMI is 157, with a documented weight of 157 pounds and a height of 5 feet 4 inches. At issue is whether the request for aquatic-based physical therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for the right shoulder, lumbar, and cervical spine for 12 sessions (2x6):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical medicine.

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

**Decision rationale:** CA-MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines state that aquatic 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 desirable - for example, extreme obesity. According to the medical records provided for review, this patient has a BMI of 26.9, which is not within the obesity or extreme obesity range (30 and above). There is no documentation of his functional status except that he is permanently disabled. Therefore, the request for Aquatic therapy to the Right Shoulder, Lumbar, and Cervical Spine for 12 sessions (2x6) is not medically necessary.