

<b>Case Number:</b>	CM13-0030476		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Orthopedic Surgery and is licensed to practice in California, New Jersey, and Pennsylvania. 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 60-year-old female who sustained injuries to her neck and low back on 10/29/12. Records indicate a recent 08/21/13 assessment indicated ongoing complaints of neck and low back pain with radiating bilateral upper and lower extremity numbness and weakness. Examination shows spasms and guarding in the paravertebral musculature of the cervical and lumbar spine with restricted range of motion. There was 4/5 strength of the left deltoid. A surgical arthroscopy of the left shoulder and labral repair was being recommended, as well as a course of acupuncture and lumbar epidural steroid injections. It indicates that the claimant was provided 10 recent sessions of aquatic therapy that in the reduction of pain and increase in motion. The request is now for an additional 12 sessions of aquatic therapy for the claimant's neck and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy x 12 for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 98-99; 22.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines continuation of aquatic therapy would not be indicated. While California MTUS Guidelines would recommend the role of physical therapy in the chronic setting of pain, guideline criteria would recommend the role of up to 9 to 10 sessions over an eight week period of time. In regard to aquatic therapy, it is recommended as an optional form of exercise, as an alternative to land based therapy to help minimize the gravitational effect. It clearly states that aquatic therapy would be based on the number of supervised visits for physical medicine treatment for any given diagnosis. Further physical medicine treatment would not be supported from a physical therapy point of view as the claimant has recently undergone the allotted 10 sessions of therapy over the last eight weeks. The additional 12 sessions of aquatic therapy, thus, would not be supported.