

<b>Case Number:</b>	CM13-0033192		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 46 year old female who had a work related injury on 10/03/12 due to a slip and fall while assisting a resident. The injured worker noted immediate pain in her right shoulder, neck, and back with subsequent radiating pain to her right elbow/entire right arm, with numbness and pain in her right hand, middle, and 5th fingers. The injured worker had x-rays of her cervical spine dated 04/04/13. The x-rays revealed that the C7 vertebra is obscured by the shoulders on the lateral projection limiting interpretation. A radiographic examination of the cervical spine demonstrates well-maintained intervertebral disc spaces. An MRI of the right shoulder dated 02/04/13 showed complete, mildly retracted rotator cuff tear, full thickness. The injured worker's treatment has been chiropractic, acupuncture and acupressure. Surgery for his shoulder was recommended although there are no notes submitted for review that show that she has had surgical intervention for her shoulder. A physical examination, cervical exam and upper extremities inspection revealed a normal cervical lordosis. There is no muscle guarding or muscle spasm. In an examination of the shoulders, there is diffuse tenderness to palpation along the acromioclavicular joint, biceps groove, supraspinatus deltoid, and rotator cuff on the right. Glenohumeral labral testing for instability is unable to test. Impingement test is unable to be tested. The injured worker has had chiropractic, acupuncture, and acupressure. Diagnoses include pain in thoracic spine, rotator cuff tear right shoulder, brachial neuritis or radiculitis, lumbago, myalgia, and myositis, neuralgia, neuritis, and radiculitis, unspecified back ache. A prior utilization review on 09/06/13 was non-certified for aquatic therapy. The current request is for aqua therapy, 3 x a week for 4 weeks, for the cervical, thoracic, 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, 3 TIMES A WEEK FOR 4 WEEKS, OF THE CERVICAL, THORACIC, AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

**Decision rationale:** The request for decision for 12 Aqua therapy sessions for the cervical, thoracic, and lumbar spine is not medically necessary. The clinical documentation does not support the request. There were no physical therapy notes submitted for review, so unable to determine if the injured worker is unable to tolerate land based exercises. 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 desirable, for example extreme obesity. As such, the request is not medical necessity.