

<b>Case Number:</b>	CM13-0040984		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	06/08/2001
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 76-year-old female who reported an injury on 06/08/2001. The mechanism of injury was not provided. The physical examination on 10/02/2013 revealed the patient had tenderness to palpation of the neck and the muscle tone of the trapezius was increased. The patient had a painful range of motion. The physical examination of the thoracic spine revealed the patient had a straightening of the thoracic spine with a loss of normal thoracic curvature. There was paraspinal muscle tenderness without tight muscle band palpated with trigger point in the thoracic paraspinal musculature. There was rib tenderness upon palpation. It was indicated the patient was becoming increasingly kyphotic and scoliotic. The patient's diagnoses included cervical repair NEC, degeneration of lumbar or lumbosacral intervertebral disc, and thoracic/lumbar sprain/strain. The request was made for 12 visits of water therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 WATER THERAPY SESSIONS FOR TREATMENT OF THE THORACIC SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate that treatment for myalgia and myositis is 9 to 10 visits. The clinical documentation submitted for review failed to indicate the patient had a necessity for reduced weight bearing. There was a lack of documentation indicating the rationale for aquatic therapy versus land therapy. The patient should be well versed in a home exercise program as the injury was reported in 2001. Additionally, the request for 12 sessions exceeds guideline recommendations for a maximum of 10 visits. The request for 12 water therapy sessions for treatment of the thoracic spine is not medically necessary and appropriate.