

<b>Case Number:</b>	CM13-0043807		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/18/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 and Rehabilitation, has a subspecialty in Pain 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 60-year-old male who reported an injury on 09/18/2011. The mechanism of injury was not provided in the medical records. The patient's diagnoses include status post C3-C5 laminectomy and posterior cervical fusion on 04/26/2012, lumbar strain status post L4-S1 anterior-posterior fusion, and C5-C7 anterior cervical fusion on 08/29/2005. The patient was noted to have previously been treated with aqua therapy and medications. His symptoms are noted to include neck pain, with radiation down his right arm. His physical examination findings include decreased range of motion in the cervical spine, and decreased range of motion in the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUA THERAPY TIMES SIX (6) VISITS FOR THE NECK: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Guidelines, aquatic therapy is recommended as an optional form of physical therapy when documentation indicates that reduced weight-

bearing is desired for example, for patients with extreme obesity. The clinical information submitted for review indicates that the patient has been treated extensively with previous physical therapy and thirty (30) postoperative physical therapy visits following his most recent surgery. Additionally, despite documentation indicating that aquatic therapy has decreased the patient's symptoms in the past, the documentation failed to show evidence of objective functional gains made with previous aquatic therapy. Additionally, the documentation fails to provide specific details specifying the patient's need for decreased weight-bearing exercise. For these reasons, the requested service is non-certified.