

<b>Case Number:</b>	CM13-0048113		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 08/14/2008. The mechanism of injury was not provided in the medical records. The injured worker had complaints of low back and shoulder pain. Physical examination of the cervical spine revealed diffuse tenderness with mild spasm. Forward flexion was 35 degrees, extension 25 degrees, right and left rotation 30 degrees, right and left lateral tilt 35 degrees, with neck pain at each limit. Physical examination of the thoracic spine revealed slight tenderness diffusely, thoracic rotation to the right and the left 45 degrees with discomfort reported at each limit. Physical examination of the lumbar spine revealed diffuse tenderness and minimal spasm across the lower lumbar spine. Lumbar flexion was noted to be 30 degrees, extension 10 degrees, and right and left lateral tilt 10 degrees with low back pain at each limit. The injured worker was noted to have a positive straight leg raise on the left as well as the right. Motor strength appeared to be 5/5 in all motor groups of both lower extremities. The injured worker was diagnosed with lumbago with bilateral sciatica. Past medical treatment included physical therapy and aquatic therapy. Diagnostic studies were not included in the medical records. On 10/23/2013, the request for a 6 month self-directed aquatic therapy program at [REDACTED] was made to aid her weight loss and core strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTH SELF DIRECTED AQUATIC THERAPY PROGRAM AT [REDACTED]:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE Page(s): 22, 98-99.

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy is an option form of exercise therapy that is specifically recommended where reduced weight-bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits, and neuralgia, neuritis, and radiculitis is 8 to 10 visits. The documentation submitted for review indicated the injured worker had low back and shoulder pain. The injured worker was also noted to have a decrease in range of motion to the cervical and lumbar spine with a positive straight leg raise on the left as well as the right. Motor strength was 5/5 in all motor groups of both lower extremities. The injured worker was also noted to have had previous aquatic therapy. However, in the absence of details regarding previous aquatic therapy treatment, such as measurable objective functional gains made throughout those therapy sessions, the request of additional therapy is not supported. Additionally, the documentation submitted for review failed to provide evidence of exceptional factors needed to warrant further therapy. The request for 6 month self-directed aquatic therapy program at [REDACTED] is not medically necessary and appropriate.