

<b>Case Number:</b>	CM13-0048798		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Management 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:

This is a male patient with a day of injury of January 3, 2011. A utilization review determination dated October 8, 2013 recommends denial of aquatic therapy. A progress note dated October 1, 2013 identifies subjective complaints of neck pain. Physical examination reveals tenderness of the cervical spine paraspinals, and status post cervical spine fusion. The diagnoses include cervical spine sprain/strain, cervical spine stenosis, status post cervical spine surgery with residual pain. The treatment plan recommends pain medication, Terocin patches, Motrin 800 mg, continue with aquatic therapy, and continue with home exercise program. An aquatic therapy progress note dated October 31, 2013 identifies that the patient has completed five of the eight authorized visits. A utilization review determination dated August 16, 2013 reconsidered the noncertified aquatic therapy request dated October 8, 2013 and approved 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM 2012 Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial, in the treatment of neck pain. Within the documentation available for review, there is no statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary and appropriate.