

<b>Case Number:</b>	CM13-0070993		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 injured worker is a 38 year old female with a reported injury date on 03/21/2013; the mechanism of injury was not provided. Diagnoses include cervical disc protrusion C3-C6, thoracic degenerative disc disease and disc protrusion T9-T10, and disc protrusion L3-L4. The clinical note dated 11/11/2013 noted that the injured worker reported frequent moderate dull, achy upper/mid back pain and stiffness, frequent moderate dull, achy low back pain and stiffness with radiating pain to the left lower extremity that produces numbness, tingling, and weakness. The injured worker also had noted complaints of intermittent mild to moderate dull, achy right wrist pain. The objective findings included +3 tenderness to palpation to the cervical, thoracic and lumbar paravertebral muscles, increased pain with shoulder depression, and positive kemp's in the thoracic and lumbar regions. The treatment plan was for the injured worker to perform aqua therapy 3 times a week for 8 weeks. The request for authorization for aqua therapy 3 times a week for 6 weeks was submitted on 11/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUA THERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE BACK:**

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, Physical Medicine Page(s): 22. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back-Lumbar and Thoracic.

**Decision rationale:** The request for aqua therapy three times a week for six weeks for the back is non-certified. It was noted that the injured worker had diagnoses that included cervical disc protrusion C3-C6, thoracic degenerative disc disease and disc protrusion T9-T10, and disc protrusion L3-L4. It was also noted that the injured worker reported frequent moderate dull, achy upper/mid back pain and stiffness, frequent moderate dull, achy low back pain and stiffness with radiating pain to the left lower extremity that produces numbness, tingling, and weakness. The injured worker also had noted complaints of intermittent mild to moderate dull, achy right wrist pain. The objective findings included +3 tenderness to palpation to the cervical, thoracic and lumbar paravertebral muscles, increased pain with shoulder depression, and positive kemps in the thoracic and lumbar regions. The California MTUS guidelines state that aqua therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy when reduced weight bearing is desired. The guidelines recommend up to 10 visits over 8 weeks. The medical necessity for aqua therapy has not been established as the documentation provided did not show adequate evidence that the injured worker could not perform and/or tolerate land based physical therapy. Additionally, the request is for a total of 18 sessions which would exceed the guideline recommendations. As such the request is not medically necessary and appropriate.