

<b>Case Number:</b>	CM14-0002044		
<b>Date Assigned:</b>	02/06/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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:

Medical records from 2013 were reviewed and showed activity-dependent moderate dull neck pain rated 4/10; constant minimal to moderate stabbing low back pain rated 5-6/10 radiating to the bilateral lower extremities with tingling sensation; activity-dependent, constant, mild, dull, achy bilateral shoulder pain rated 3/10 on the left and 5/10 on the right with moderate stiffness, weakness, numbness and tingling radiating to the hand and fingers. Physical examination findings showed limitation of motion of the cervical spine and bilateral shoulders; +3 tenderness of the paravertebral cervical and lumbar muscles with spasm; +3 tenderness of the bilateral anterior shoulder and acromioclavicular joint; positive sitting straight leg raise bilaterally; and positive pain on Hawkin and Neer's tests on bilateral shoulders. The patient was diagnosed with cervical chronic sprain and strain, cervical myofascitis, lumbar multilevel disc protrusions, lumbar myofascitis, lumbar clinical radiculopathy, right shoulder chronic sprain and strain, left shoulder myofascitis, and status post lumbar spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL AQUA THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO CERVICAL SPINE(C/S), LUMBAR SPINE (L/S) AND BILATERAL SHOULDERS(BL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22.

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

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, the patient has undergone several sessions of physical therapy; however, there was no documentation of overall pain improvement and measurable functional gains. Also, it was unclear as to why the patient cannot transition to a self-directed home exercise program. Moreover, there is no documentation regarding body mass index that may warrant water-based therapy. The medical necessity has not been established. Therefore the request for additional aqua therapy 2 times per week for 6 weeks to cervical spine(c/s), lumbar spine (l/s) and bilateral shoulders (bl) is not medically necessary.