

<b>Case Number:</b>	CM14-0003992		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 has a subspecialty in Interventional Spine 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:

The patient is a 48 year old female with an injury date of 02/09/12. Based on the 12/12/13 progress report provided by [REDACTED] the patient complains of intermittent moderate dull, achy, sharp pain in the cervical and lumbar spine. The patient also complains of right shoulder and right elbow pain. The patient's diagnoses include the following: 1.Cervical myospasm 2.Cervical radiculopathy 3.Cervical sprain/strain 4.Lumbar muscle spasm 5.Lumbar radiculopathy 6.Lumbar sprain/strain 7.Right shoulder impingement syndrome 8.Right shoulder sprain/strain 9.Right elbow sprain/strain 10.Right lateral epicondylitis 11.Loss of sleep and sleep disturbance 12.Anxiety and depression 13.Irritability and nervousness [REDACTED] is requesting for 12 pool/aquatic therapy visits for the lumbar spine 3 times a week for 4 weeks, as an outpatient. The utilization review determination being challenged is dated 01/02/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/13- 12/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 POOL/AQUATIC THERAPY VISITS FOR THE LUMBAR SPINE. 3 TIMES A WEEK FOR 4 WEEKS, AS AN OUTPATIENT.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 22, 98-99.

**Decision rationale:** According to the 12/12/13 report by the treating physician, the patient presents with intermittent moderate dull, achy, sharp pain in the cervical and lumbar spine. The patient also complains of right shoulder and right elbow pain. The request is for 12 pool/aquatic therapy visits for the lumbar spine 3 times a week for 4 weeks, as an outpatient. MTUS page 22 states that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of why the patient is unable to tolerate land-based therapy. Furthermore, the requested 12 sessions exceeds what is recommended by MTUS for myalgia/myositis, neuralgia/neuritis type of condition. Therefore, the request is not medically necessary.