

<b>Case Number:</b>	CM14-0008547		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery 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 records presented for review indicate that this 57-year-old male was reportedly injured on December 1, 2012. The mechanism of injury was stated as a slip and fall on a wet floor. The most recent progress note, dated October 7, 2013, indicated that there were ongoing complaints of cervical spine pain, lumbar spine pain, and right shoulder pain. As of the date of this progress note, the injured employee's neck and shoulder pain as stated have resolved. There was no complaint of radiation to the lower extremities. The physical examination demonstrated decreased lumbar spine range of motion. Diagnostic imaging studies reported a possible fusion anomaly on the right at C5-C6 as well as spondyloarthropathy at C4-C5 and C6-C7. An MRI (magnetic resonance imaging) of the shoulder noted degenerative brain of the rotator cuff and mild acromioclavicular joint degenerative changes. Continuation with regular physical therapy was recommended. A request had been made for aquatic therapy for the cervical and lumbar spine and was not certified in the pre-authorization process on December 31, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aquatic therapy, two (2) times a week for four (4) weeks, for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, aquatic therapy is an optional alternative to land-based physical therapy specifically recommended where reduced weight bearing is desirable. In this case, it is unclear how reduced weight bearing can be achieved for the cervical spine and aquatic therapy. Additionally, the injured employee has already participated in 18 sessions of physical therapy and should be able to continue this on his own at home with a home exercise program. For these reasons, this request for aquatic therapy for the cervical and lumbar spine is not medically necessary.