

<b>Case Number:</b>	CM14-0017819		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/26/1993
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 claimant is a 78-year-old female who sustained multiple orthopedic injuries on March 26, 1993. The records provided for review include a reassessment report dated December 12, 2013, that documents consistent neck and low back complaints, described as constant in nature, radiating to the right upper extremity. The claimant reports feelings of weakness and difficulty sleeping. A lumbar examination showed diminished range of motion, tenderness and spasm of the paravertebral musculature with no neurologic findings. Examination of the cervical spine showed diminished range of motion, tenderness and spasm with no neurologic findings. The current diagnoses are cervical and lumbar musculoligamentous sprain. Conservative treatment is documented to include a significant course of therapy, home exercises, strengthening modalities, medication management and injections. This request is for 12 additional sessions of aquatic therapy for both the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY FOR THE CERVICAL SPINE AND LUMBAR SPINE; TWO TIMES PER WEEK FOR SIX WEEKS (2X6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY,.

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

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support aquatic therapy in this case. While aquatic therapy can be recommended as an optional form of exercise therapy, it needs to fall within the supervised number of visits provided for under physical medicine criteria in the MTUS guidelines. Physical medicine criteria for chronic conditions, such as myalgias or myositis, recommend nine to 10 visits over an eight-week period for the treatment of acute exacerbation or flare up. This request 12 twelve sessions exceeds the MTUS guidelines and would not be medically indicated.