

<b>Case Number:</b>	CM14-0114525		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury of 1/31/2003. Per chiropractor progress noted dated 6/11/2014; the injured worker had diminished sensation and bilateral elbow pain. There is no physical exam reported. The diagnoses include pain in joint, pain in thoracic spine; depressive psychosis, mood; psychogenic pain; insomnia due to mental disorder; cervicgia; joint pain, shoulder; joint pain, upper arm; and lumbago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient aquatic therapy, twenty-four sessions for the cervical and lumbar spine:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

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

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient

replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The requesting physician does not describe why aquatic therapy is necessary over land based physical therapy. The injured worker has been injured for over 11 years. Prior physical therapy is not described, nor is a response to physical therapy or the implementation of a home exercise program. The number of sessions for aquatic therapy is also in excess of those recommended by the MTUS Guidelines. Medical necessity has not been established with the recommendations of the MTUS Guidelines. The request for Outpatient aquatic therapy, twenty-four sessions for the cervical and lumbar spine is determined to not be medically necessary.