

<b>Case Number:</b>	CM14-0133515		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 reflect the claimant is a 64 year old female who sustained a work injury on 8-21-12 to the cervical spine, back and right shoulder. Office visit on 8-4-14 notes the claimant continues with pain to the right neck and shoulder with radiation to the right arm and right leg cramps. The claimant reports migraine headaches. The claimant is treated with medications. She had an epidural steroid injection to the cervical spine without relief. On exam, the claimant has limited range of motion to the right shoulder, elbow pain with flexion, positive Hawkins test, and decrease sensation to the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy once a week for twelve weeks for the cervical spine, back, and shoulder:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chaoter - aquatic tehrapy.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes 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. Medical Records reflect the claimant has shoulder, back and neck pain. There is an absence in documentation noting that this claimant cannot tolerate a land based/home exercise program or that she requires reduced weight bearing. Therefore, the medical necessity of this request is not established.