

<b>Case Number:</b>	CM14-0135802		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/30/2001
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Family 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:

This is a 72-year-old male patient with a 9/30/01 date of injury. The mechanism of injury was not known. Progress noted dated 7/30/14 reported the patient continued with poor balance and dizziness, but no new complaints. Physical findings: The patient had poor tandem gait, and limited ROM in the neck, but normal muscle strength throughout upper and lower extremities. Diagnostic impression: Displacement of Cervical Intervertebral Disc without Myelopathy, Cervicalgia, Postsurgical Arthrodesis Status. Treatment to date includes modified activities, medication management, C3-C7 anterior and posterior decompression and instrumented fusion laminectomy 12/1/12. A UR decision date 8/7/14 denied the request for Pool Therapy 2X6 for Cervical Spine on the basis of a lack of documentation as to rationale for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy 2 x 6 for Cervical Spine:** Upheld

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

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

**Decision rationale:** CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. It is noted in the progress reports that aqua therapy is being requested to help him with his balance. The patient is noted to have difficulties with balance and a tandem gait, and its noted to be pending a neurology evaluation. Due to the gait difficulties and balance abnormalities, the patient is likely not able to tolerate land-based physical therapy. However, there is no clear documentation of how many sessions of physical therapy the patient has previously had, or any functional improvement or gains in activities of daily living from prior therapy. It is also unclear what further neurological evaluation is currently pending, and whether this patient is an appropriate candidate for pool therapy. Therefore, Pool Therapy for the Cervical Spine 2X6 was not medically necessary.