

<b>Case Number:</b>	CM14-0154963		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 48-years-old male who has submitted a claim for cervical, thoracic and lumbar spine strain; cervical and lumbar radicular syndrome; degenerative joint/disc disease of the cervical spine with cervical disc protrusions at C3-4, C4-5, C5-6 and C6-7, status post anterior cervical fusion (07/13/13); degenerative joint/disc disease of the thoracic spine with thoracic disc protrusions at T4-5, T5-6, T6-7, T7-8, T8-9, T9-10, T10-11, T11-12 and T12-L1; degenerative joint/disc disease of the lumbar spine with lumbar disc protrusions at L1-2, L2-3, L3-4, L4-5 and L5-S1, status post posterior complete discectomy and bilateral neural foraminectomy at L5-S1, replacement of a disc with translateral fusion cage, placement of pedicle screw fixation system, transverse process fusion, and aspiration of iliac crest for bone stimulating cells (05/05/14); left rotator cuff tendonitis with impingement syndrome; right rotator cuff tendinitis, impingement syndrome, partial rotator cuff tear and labral tear, status post right shoulder arthroscopy (08/06/12); bilateral wrist tendonitis with carpal tunnel; and, Mood and Anxiety disorder due to a General Medical Condition, associated with an industrial injury date of 05/26/09. Medical records from March to July 2014 were reviewed. The patient apparently sustained an injury while working in his capacity as a water technician when he fell backwards into a pit due to the water pressure of a heavy water pump. He noted a lot of pain in his back and shoulders. He sought consult and had subsequent therapies, surgery and medications. However, there was persistence of shoulder and back pain. 07/07/14 progress report notes patient is three months post-lumbar surgery and is doing reasonably well. On physical examination, there was note of spasm, tightness, tenderness and limited ROM in the lumbar spine and pain and discomfort in the paracervical region. The patient was prescribed with aquatic therapy on 07/09/14 and has completed at least 12 visits. There was no objective assessment of patient's response to aquatic therapy or medications. 08/13/14 progress report notes that patient is to continue aquatic therapy

for another 12 visits, follow-up with orthopedist post-operatively and psychiatric management. Treatment to date has included an undocumented number of physical therapy pre-operatively, work restrictions, surgery, at least 12 visits of aquatic therapy post-operatively and medications (FexMid, Protonix, Norco, Voltaren, Norflex, Vicodin and Terocin lotion). Utilization review date of 09/04/14 denied the request for unknown aquatic therapy because there was no note of any condition for which reduced weight bearing is desirable as well as no mention that physical therapy was not tolerated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Unknown Aquatic Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

**Decision rationale:** As stated on pages 22 of the MTUS Chronic Pain Guidelines, 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. In this case, the patient is currently approximately 4 months post-operatively, and has completed at least 12 sessions of aquatic therapy. However, there was no documentation that patient had failed land-based therapy post-operatively. There was no objective documentation of the patient's response to this type of therapy. There was no documentation regarding body mass index nor is there documentation stating the need for reduced weight bearing that may warrant the need for water-based therapy. Likewise, there was no mention of the total frequency and duration nor was there mention of the body parts for therapy. Therefore, the request for unknown aquatic therapy visits is not medically necessary.