

<b>Case Number:</b>	CM14-0171442		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Surgeon and is licensed to practice in Arizona. 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 48-year-old male who sustained an injury on 12/4/2013 when he was involved in a rear end collision accident where he was the passenger in the car. He noted immediate pain in the neck and back. An examination dated 8/19/2014 states the patient underwent physical therapy however he remains symptomatic. MRI of the cervical and lumbar spine were obtained. He began aquatic therapy April 14. He had some improvement in his neck with aquatic therapy. He complains of neck pain with radiation into both shoulders. He has tenderness in the cervical spine with pain and limited range of motion. Lumbar spine has also limited range of motion with pain and tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aquatic therapy sessions for the cervical and lumbar spine, quantity 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 20, 98-99.

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

**Decision rationale:** The chronic pain guidelines state aquatic therapy is an optional formal therapy as an alternative to land-based physical therapy when the effects of gravity need to be

minimized and will reduce weight bearing is desirable such as for extreme obesity. This patient has received very little functional improvement from the aquatic therapy he has participated in. He has some increased range of motion of his neck but it had no effect on his lumbar spine. Continuation of a treatment modality depends on the amount of functional improvement that is achieved with that modality. In addition, the cervical spine is not weight bearing and the effects of gravity can be reduced despite being in the supine position. Therefore, based on the guidelines, the medical necessity for continued aqua therapy has not been established.