

<b>Case Number:</b>	CM14-0172296		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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 64-year-old female with a 12/12/03 date of injury. According to a progress report dated 8/26/14, the patient stated that her constant neck, upper, and lower back pain have been well-controlled with her current medications and the trigger point injections; she has been able to perform activities of daily living well. Objective findings: cervical and lumbar spine range of motion slightly restricted, multiple myofascial trigger points throughout cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus muscles, sensation to fine touch and pinprick minimally decreased in right hand and back of right thigh and calf. Diagnostic impression: chronic myofascial pain syndrome, cervical and thoracolumbar spine, mild-to-moderate right L5 and mild left L5 radiculopathy, non-steroidal anti-inflammatory drugs NSAIDS-induced gastritis. Treatment to date: medication management, activity modification, trigger point injections. A UR decision dated 10/1/14 denied the request for aquatic therapy. The amount of aquatic therapy to date is unknown. There is lack of documented land and aquatic therapy to date and her objective clinical response to it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 Times A Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Sections: Aquatic Therapy and Physical Therapy

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

**Decision rationale:** California MTUS states 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. However, in the present case, it is unclear if the patient has had any prior aquatic or land-based physical therapy. There is no documentation of functional improvement if the patient has in fact had prior physical therapy treatment. In addition, it is unclear which part of the body the therapy is being requested for. Furthermore, there is no documentation as to why this patient requires aquatic therapy and cannot tolerate land-based physical therapy. Therefore, the request for aquatic therapy two times a week for six weeks is not medically necessary.