

<b>Case Number:</b>	CM14-0023653		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Surgery, 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 injured worker is a 32-year-old female who was reportedly injured on September 7, 2012. The mechanism of injury was noted to be repetitive typing, pushing and pulling filing cabinets and other office work. The most recent progress note dated November 14, 2013, indicated there were ongoing complaints of headaches, neck pain, bilateral shoulder pain and low back pain. The physical examination demonstrated tenderness along the posterior cervical muscles and trapezius muscle spasms. There was a normal neurological examination. Neurontin, Cymbalta and Motrin were prescribed. Aquatic therapy was also recommended twice a week for four weeks. Previous treatment included physiotherapy and chiropractic treatment. A request had been made for aquatic therapy and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE:** 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 Chronic Pain Page(s): 22.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. The medical record indicates the injured employee had previously participated in physiotherapy. The efficacy of this prior treatment is not stated nor is there any justification stated for continued land based physical therapy, home exercise or independent pool exercise as opposed to aquatic therapy. This request for aquatic therapy is not medically necessary.