

<b>Case Number:</b>	CM14-0026730		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 Physician 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 59-year-old male who reported an injury on 12/06/2005 due to repetitive trauma. The injured worker reportedly sustained an injury to his back, arms, hands, knees, feet, and neck. The injured worker's treatment history included cervical fusion, epidural steroid injections, corticosteroid injection to the left shoulder, a managed weight loss program, acupuncture, chiropractic care, and physical therapy. The injured worker was evaluated on 12/17/2013. It was documented that the injured worker reported persistent headaches and neck pain. Objective findings included pain with facet loading of the cervical spine and tenderness to palpation over the mid and lower cervical facet regions bilaterally with decreased sensation in the C6 dermatome on the left side. Evaluation of the lumbar spine documented decreased sensation in the L3-4 dermatomes with decreased motor strength of the upper and lower extremities. The injured worker's diagnoses included status post C6-7 fusion without hardware, pseudoarthrosis, myelopathy, multilevel disc herniation, status post microlumbar decompression, and multilevel disc herniations of the thoracic and lumbar spine. The injured worker's treatment plan included additional epidural steroid injection in the cervical spine, and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY X 8:** 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), SECTION AQUATIC THERAPY

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

**Decision rationale:** The requested aqua therapy x8 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require non weight-bearing environments while participating in active therapy. The clinical documentation submitted for review does not provide any evidence to support the need for non weight-bearing environment for the injured worker. There is no documentation that would preclude progress of the injured worker while participating in land based physical therapy. Additionally, the request as it is submitted does not identify a specific body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested aqua therapy x 8 is not medically necessary or appropriate.