

<b>Case Number:</b>	CM14-0035159		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Georgia. 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 claimant is a 52 year old male presenting with chronic pain following a work related injury on 05/10/2011. The claimant head, neck and lower extremity injury and pain. On 02/17/2014, the claimant was diagnosed with status post C1 fracture and multiple fragmentation /fractures of the C5 body, acute cervical spine injury, chronic myofascial pain syndrome in the cervical and thoracic spine and insomnia due to pain. The physical exam showed moderate restriction of the cervical spine range of motion in all planes and slight restriction of thoracic spine range of motion in all planes. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, scapular levator, scalene and infraspinatus musculature as well as interscapular and thoracic paraspinal musculature, 4/5 strength on the proximal muscles of the bilateral upper extremities and decreased sensation in the right 5th digit. The claimant previously participated in pool therapy. A claim was made for additional sessions of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF AQUATIC THERAPY EXERCISES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EVIDENCED BASED PEER REVIEW GUIDELINES

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

**Decision rationale:** 12 sessions of Aquatic therapy exercises is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines pages 12 and 22, aqua therapy is recommended where weight bearing is desirable. There is no documentation that weight bearing exercises were desirable as result of a co-morbid condition such as extreme obesity. Additionally, the claimant had previously completed pool therapy without documentation of benefit or improved function; therefore, the requested service is not medically necessary.