

<b>Case Number:</b>	CM14-0075202		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 56-year-old female who was reportedly injured on January 11, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 24, 2014 indicated that there were ongoing complaints of headaches with nausea and vomiting. There were also complaints of neck and low back pains. The physical examination demonstrated a decrease in lumbar spine range of motion, multiple myofascial trigger points, and altered gait pattern. Sensation was decreased as well. Diagnostic imaging studies were not reviewed. Letter diagnostic studies indicated no acute pathology. Previous treatment included multiple medications, physical therapy and pain management interventions. A request was made for aquatic therapy and was not certified in the pre-authorization process on May 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy two (2) times a week times six (6) weeks for the thoracolumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Preface.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 OF 127.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, aquatic therapy is recommended as an optional form of exercise. However, there is no clinical data presented that an alternative to land-based physical therapy is indicated. As noted in the progress notes, the injured employee continues a home exercise protocol. Therefore, based on the clinical information presented for review, this is not medically necessary.