

<b>Case Number:</b>	CM14-0094779		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 records presented for review indicate that this 56-year-old female was reportedly injured on 9/14/2012. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of neck pain and bilateral hand numbness. The physical examination demonstrated cervical spine positive tenderness to the occipital area. Range of motion was slightly restricted. Multiple myofascial trigger points and tight bands noted throughout the cervical paraspinal, trapezius, scapula, scalene, and infraspinatus muscles. Romberg positive. Sensation to light touch and pinprick decreased at the lateral and anterior aspects of the right arm in the 1st, 2nd, and 3rd digits of the right hand. Grip strength decreased in the right hand. Ankle jerk absent bilaterally. No recent diagnostic studies are available for review. Previous treatment included trigger point injections, medications, and conservative treatment. A request had been made for aquatic therapy the cervical spine 2 times a week for 6 weeks #12 and was denied in the pre-authorization process on 6/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 X 6 cervical:** 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. After reviewing the medical records provided, there was no determination of any findings on history or physical exam that would necessitate aquatic therapy versus a land-based therapy program. Therefore, the request is not medically necessary and appropriate.