

<b>Case Number:</b>	CM13-0009963		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 54 year old female who sustained an industrial injury on 02/09/12. Diagnosis include shoulder impingement syndrome, cervical spine impingement with radiculopathy, bilateral upper extremity tendinopathy and carpal tunnel syndrome, headaches and depression. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and acupuncture. Diagnostic studies include a MRI. Current complaints include neck, low back, right shoulder and wrist symptomatology. In a progress note dated 05/31/13 the treating provider reports the pan of care as physical/aqua therapy for the lumbar spine, naproxen, Tizanidine, tramadol/apap, omperazole, and gabapentin/ketoprofen/lidocaine cream. The requested treatment is aqua therapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of aquatic therapy for the cervical spine, twice a week for six weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where pt is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia which is likely due to exercise. There is no documentation as why the pt cannot tolerate land based therapy. There is no noted failure of standard physical therapy or a home based exercise therapy. Patient has had extensive physical therapy history with no documentation of any benefit. Aquatic therapy is not medically necessary.