

<b>Case Number:</b>	CM14-0189770		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 female with date of injury 5/14/2010. Per neurosurgery progress note dated 9/22/2014, the injured worker is six months post surgery. She has physical therapy and is doing well. She is still dealing with quite a bit of stiffness and soreness on the days in between therapy. She states that immediately after therapy and for the rest of the day she usually feels "great". On examination strength remains full throughout her upper extremities. Cervical range of motion is markedly improved from when she was last seen, but there is still mild limitation in all planes. New cervical x-rays from 9/19/2014 show a solid arthrodesis at both levels. Diagnoses include 1) status post C5-6, C6-7 anterior cervical decompression and fusion 3/17/2014 2) C5-6 marked stenosis and C5-6, C6-7 degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for cervical spine 3 x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back; Lumbar and Thoracic ( Acute & Chronic )

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98, 99.

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The injured worker is still participating in post-surgical physical therapy. The requesting physician explains that the injured worker is to continue with her land based physical therapy in addition to beginning aqua therapy. The aqua therapy is recommended by the injured worker's therapist. The medical reports indicate that the injured worker is progressing with land based therapy. There is no indication that the injured worker would benefit from reduced weight bearing provided by aquatic therapy in the rehabilitation provided for her cervical spine surgery. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for aqua therapy for cervical spine 3 x 4 is determined to not be medically necessary.