

<b>Case Number:</b>	CM14-0193596		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date on 7/18/12. Patient complains of cervical pain, intermittent, rated 4/10 that radiates to the arms with weakness per 10/27/14 report. The patient also has lower back pain, constant, rated 8/10, radiating to the left foot and right hip with numbness/tingling on the left side per 10/27/14 report. The patient has no new complaints per 10/13/14 report, and her condition has not changed since 8/18/14 report. Based on the 10/27/14 progress report provided by the treating physician, the diagnoses are: 1. C-spine s/s2. s/p L-spine sx fusion L3-L4A physical exam on 10/27/14 showed "L-spine range of motion is reduced." The 6/23/14 report shows C-spine range of motion is also reduced. The patient's treatment history includes medications, urine drug screen, walker/cane, aqua therapy, home exercise program. The treating physician is requesting continued aqua therapy (unspecified number of visits). The utilization review determination being challenged is dated 11/12/14. The requesting physician provided treatment reports from 6/11/14 to 11/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Aqua therapy (unspecified number of visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar and thoracic, Aquatic therapy Official Disability Guidelines- Physical Medicine

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

**Decision rationale:** This patient presents with neck pain, arm pain, lower back pain, left foot pain, right hip pain. The treating physician has asked for CONTINUED AQUA THERAPY (UNSPECIFIED NUMBER OF VISITS) on 10/27/14. The patient had prior aqua therapy, but the number of sessions was not included in the provided reports. The utilization review letter dated 11/12/14 also states that the total number of prior aqua therapy was not specified in documentation. The patient had a lumbar fusion in January 2014, and has been undergoing unspecified number of aqua therapy sessions, but is attending aqua therapy continuously from 6/16/14 to 9/23/14, as the reports indicate to "continue aqua therapy." Regarding aquatic therapy, MTUS states: "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." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no documentation of extreme obesity, or need for reduced weight-bearing exercises. Furthermore, the request does not include a specified number of aqua therapy sessions. The request IS NOT medically necessary.