

<b>Case Number:</b>	CM14-0201808		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Family Practice, 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:

This is a 64-year-old female claimant who sustained a work injury on March 4, 2013 involving the neck, low back and left elbow. She was diagnosed with lumbar strain, neck strain and lateral epicondylitis of left elbow. Progress note on October 28, 2014 indicated the claimant had worsening pain. Exam findings were notable for reduced range of motion of the cervical and lumbar spine. There was a negative straight leg raise test and no spasms. Left elbow was mildly tender. The claimant was treated with Celebrex for pain. Six sessions of aqua therapy was recommended for the low back and left arm. A subsequent request was made the following month for 18 more sessions of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aqua therapy 3x6 left side left arm cervical and lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

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

**Decision rationale:** According to the guidelines 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. In this case there was no mention of that water-based therapy would be more beneficial for the claimant than land based therapy. The amount of therapy is similar to the physical medical guidelines. Total number of sessions are limited to 10 visits. This case the claimant had already undergone six sessions of aqua therapy. An additional 18 sessions is not medically necessary.