

<b>Case Number:</b>	CM15-0009901		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old male who sustained an industrial injury on 4/6/2009. He has reported a neck injury and headaches. The diagnoses have included cervical spondylosis, brachial neuritis and radiculitis and degeneration of cervical disc. Treatment to date has included cervical 2-3 nerve root block, cervical 4-7 facet injections, trigger point injections, physical therapy, home exercises and medication management. Magnetic resonance imaging dated 9/4/2013 showed disc bulging at cervical 4-7 and cervical 2-3 stenosis. Currently, the IW complains of neck pain. Treatment plan included 18 visits for aqua therapy to the neck area. On 12/19/2014, Utilization Review non-certified review of 18 visits for aqua therapy to the neck area, noting the lack of medical necessity. The MTUS was cited. On 1/12/2015, the injured worker submitted an application for IMR for 18 visits for aqua therapy to the neck area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Aqua Therapy (Pool Therapy) Two To Three Times A Week For Six Weeks For The Neck Area As An Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** 18 Aqua Therapy (Pool Therapy) two to three times a week for six weeks for the neck area as an outpatient is not medically necessary per the MTUS Guidelines. The MTUS recommends aquatic therapy as an alternative to land based therapy when reduced weight bearing is required. The MTUS recommends up to 10 visits for this condition with transition to an independent home exercise program. The documentation indicates that the patient has had prior therapy for this condition but the quantity of therapy is not indicated. The request for 18 sessions exceeds the guideline recommendations for the amount of therapy. Without clarification and efficacy of prior therapy as well as the excess amount of therapy requested the request for 18 Aqua Therapy (Pool Therapy) two to three times a week for six weeks for the neck area as an outpatient is not medically necessary.