

<b>Case Number:</b>	CM15-0101600		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: 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 64-year-old male who reported an industrial injury on 7/3/2014. His diagnoses, and/or impressions, are noted to include cervical and lumbar spine sprain/strain with myospasm; cervicgia; head contusion with headaches; moderate hypertrophic changes of the cervical spine; and lumbar disc protrusions with facet hypertrophy and moderate hypertrophic changes. No current imaging studies are noted. His treatments have included aqua therapy; medication management with toxicology screenings; and rest from work. The progress notes of 5/7/2015 noted complaints of persistent neck pain and occasional low back pain with physical activity. Objective findings were noted to include tenderness over the trapezius; positive spasms; and decreased range-of-motion. The physician's requests for treatments were noted to include continuation of aqua therapy for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy x 12 for the neck/cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 reported prior therapy but there is no documentation of objective improvement in pain and function or documentation of total number completed. Aquatic therapy is not medically necessary.