

<b>Case Number:</b>	CM15-0139266		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female who sustained an industrial injury on 11-8-10. In a primary treating physician's progress report dated 6-3-15, the physician notes there is lower extremity radiculopathy. A recent MRI of the cervical spine showed moderate stenosis at this level, however she has not had any signs of myelopathy. She was recently diagnosed with lung cancer. She had a lobectomy done and is currently going through chemotherapy. She was recently cleared by her oncologist to resume aqua therapy. Sensation is decreased in the distribution of bilateral L4, L5 and S1. The injured worker has had aqua therapy in the past and it really helped her. The assessment is noted as neck pain with right side radiculopathy, low back pain with right leg radiculopathy, possible shoulder pathology, and lung cancer; status post lobectomy and chemotherapy. The requested treatment is aquatic therapy to the cervical spine - 18 session; 3 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy to the cervical spine 18 sessions 3x6:** Upheld

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

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

**Decision rationale:** According to a supplemental report by the attending physician dated 6/25/15, the patient suffers from pain and loss of range of motion in the cervical and lumbar spine with right sided radiculopathy in both the cervical and lumbar spine. The current request is for aquatic therapy to the cervical spine 18 sessions 3x6. The attending physician states the patient should be referred for aquatic therapy in order to perform exercises in the aquatic environment. MTUS guidelines do support aquatic therapy. 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, records indicate the patient previously underwent an undetermined number of physical therapy sessions. The most recent PR-2 report indicates the patient is stable and there is no discussion as to why 18 additional physical therapy sessions is indicated, and more specifically the reason for reduced weight bearing exercise. Furthermore, 18 sessions exceeds the MTUS guidelines for physical medicine and the records indicate the patient is stable and has not suffered an exacerbation of her condition. The available records do not establish medical necessity for this request.