

<b>Case Number:</b>	CM15-0142870		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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 35 year old male, who sustained an industrial injury on 6-20-11. The injured worker has complaints of lower back pain, right shoulder pain and depression. The documentation noted spasm and guarding noted in lumbar spine. The diagnoses have included pain in joint shoulder; lumbar disc displacement without myelopathy and sprains and strains of neck. Treatment to date has included pool therapy; norco; anti-inflammatory cream; nucynta; bilateral sacroiliac joint blocks; right shoulder surgery in 2011 and physical therapy. The request was for aquatic therapy x 6 sessions for the cervical, lumbar spine and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy x 6 sessions for the cervical, lumbar spine and shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient was injured on 06/20/11 and presents with low back pain, right shoulder pain, and depression. The request is for Aquatic Therapy X 6 Sessions For The Cervical, Lumbar Spine, And Shoulder. There is no RFA provided and the patient is not permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines page 22 state, 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 effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improves some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as indicated below: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Plus active self-directed home physical medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis 8 to 10 visits are recommended." The patient has an antalgic gait and spasm/guarding is noted in the lumbar spine. He is diagnosed with pain in shoulder joint and lumbar disc displacement. The 06/10/15 report states that "the patient does note particular benefit from attending a pool." It is unclear if the patient has had prior aquatic therapy sessions. There is no indication of any recent surgery the patient may have had. There is no explanation as to why aquatic therapy is needed as opposed to land-based or home-based therapy. There is no extreme obesity nor the need for reduced weight bearing exercises. The requested aquatic therapy is not medically necessary.