Case Number:	CM15-0184098		
Date Assigned:	09/24/2015	**Date of Injury:**	10/21/2014
Decision Date:	11/06/2015	**UR Denial Date:**	09/15/2015
Priority:	Standard	**Application Received:**	09/18/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 57-year-old female who sustained an industrial injury 10-21-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical radiculopathy. Medical records (08-28-15) reveal the injured worker complains of pain in the neck, head, and lower back. The physical exam (08-28-15) reveals bilateral tenderness and spasms of the cervical and trapezius muscles as well as the lumbar paraspinous muscles. The cervical and lumbar spines exhibit decreased range of motion. Prior treatment includes physical therapy, acupuncture, chiropractic care, epidural steroid injection, heat, and nonsteroidal medications. The treating provider reports the cervical spine MRI (01-05-15) reveals disc protrusions at C5-7. The electrodiagnostic studies (04-13-15) were consistent with borderline radiculopathy and axonal denervation. The original utilization review (09-15-15) non-certified the request for 12 sessions of aqua therapy. The patient sustained the injury due to a slip and fall incident. The medication list includes Atenolol, Valium, Zantac, Flexeril and Tramadol. The patient had received cervical ESI on 8/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: According to the MTUS 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. A contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land-based physical therapy that is specified in the records provided. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Therefore, the request is not medically necessary.