

<b>Case Number:</b>	CM15-0202207		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This is a 55-year-old female with a date of industrial injury 11-11-2011. The medical records indicated the injured worker (IW) was treated for cervical spine sprain-strain. In the progress notes (9-11-15), the IW reported bilateral shoulder pain with decreased range of motion and intermittent moderate left-sided neck pain radiating to the left shoulder. She reported aquatic therapy helped relieve the pain. On examination (9-11-15 notes), there was increased tone with associated tenderness about the paracervical and trapezial muscles, with some guarding noted. Cervical distraction test was positive. There were spasms present in the bilateral trapezius muscles. Treatments included aquatic therapy. The records did not state how many sessions of aquatic therapy the IW may have had previously or indicate why land-based physical therapy was not appropriate. A Request for Authorization was received for aquatic therapy two times a week for four weeks for the neck. The Utilization Review on 10-1-15 non-certified the request for aquatic therapy two times a week for four weeks for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the neck, right shoulder and left shoulder, 2 times a week for 4 weeks:**  
Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. There is no current indication for aquatic therapy sessions and why this cannot be completed as land therapy. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is not indicated as a medical necessity to the patient at this time.