

<b>Case Number:</b>	CM15-0207033		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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:

This 66 year old male sustained an industrial injury on 8-28-09. Documentation indicated that the injured worker was receiving treatment for cervicgia and lumbago. Previous treatment included physical therapy, home exercise, pain management counseling and medications. In a PR-2 dated 6-23-15, the injured worker reported that his pain was still constantly rated at 8 out of 10 on the visual analog scale but his acute flares were fewer. The injured worker stated that he was now walking more. The injured worker reported walking about 15 minutes per day and that he was trying to increase his walking to twice a day. Physical exam was remarkable for active range of motion of the neck and back decreased by at least 25% in all directions "due to subjective complaints of pain and guarding", 5 out of 5 motor strength in the upper and lower extremities, diffuse tenderness to palpation of the neck, shoulder girdle, low back and hip girdle with painful taut bands (trigger points) that reproduced symptoms when palpated. The injured worker walked with a normal gait. The injured worker's height was 5'8" and weight 185 pounds. In a PR-2 dated 9-15-15, the injured worker complained of pain, rated 8 out of 10 on the visual analog scale. The injured worker reported that he had been walking about 20 minutes a day but his legs had been cramping more which prohibited his exercise level. The injured worker stated that he had a flare up of back pain in April that had severely decreased his activity level "as his cramping had gotten worse". Physical exam was unchanged. The physician stated that the injured worker had never tried aqua therapy and that MTUS guidelines recommend aqua therapy for any obese patients with a low back injury. The treatment plan included requesting authorization for aqua therapy. 9-23-15, Utilization Review noncertified a request for eight sessions of aqua therapy for the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aquatic Therapy for the Cervical Spine #8: 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, Physical Medicine.

**Decision rationale:** The patient was injured on 08/28/09 and presents with neck and low back pain. The request is for Aquatic therapy for the cervical spine #8. The RFA is dated 09/15/15 and the patient is retired. There is no indication of any prior aquatic therapy the patient may have had. MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy Section, page 22 states that 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 Guidelines, Physical Medicine Section, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments 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 is diagnosed with cervicgia and lumbago. Treatment to date includes physical therapy, home exercise, pain management counseling and medications. The reason for the request is not provided. 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 or the need for reduced weight bearing exercises. Therefore, the requested aquatic therapy is not medically necessary.