

<b>Case Number:</b>	CM15-0025115		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Arizona, 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:

This 65 year old female sustained an industrial injury on 2/16/09. She subsequently reports ongoing back pain and stiffness with radiation to the upper extremities. Diagnoses include cervical spine sprain and strain and bilateral upper extremity radiculopathy. The injured worker has undergone cervical spine surgery. An MRI dated 6/3/14 revealed abnormalities of the cervical spine. Treatments to date have included chiropractic care, acupuncture, prescription pain medications, home exercises and land based physical therapy. On 1/19/15, Utilization Review non-certified a request for 12 Aquatic Physical Therapy Sessions for The Bilateral Upper Extremity and Lumbar Spine. The 12 Aquatic Physical Therapy Sessions for the Bilateral Upper Extremity and Lumbar Spine were denied based on MTUS, ACOEM and Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Aquatic Physical Therapy Sessions For The Bilateral Upper Extremity And Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** 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. The length of treatment recommended is up to 8 sessions. In this case, the claimant did perform land-based and home exercises. The amount requested exceeds the amount suggested by the guidelines. The request for 12 sessions of aqua therapy is not medically necessary.