

<b>Case Number:</b>	CM15-0038127		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	08/26/2003
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New Jersey

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 58-year-old female, who sustained an industrial injury on 8/23/03. The injured worker has complaints of neck and low back pain with radiating pain at legs. The diagnoses have included cervical spine, disk herniation and degeneration; lumbar spine, with disk herniations at L4-L5 and L5-S1 levels; right and left shoulder tendinitis, impingement syndrome and myoligamentanous sprain/strain, left knee with internal derangement. According to the utilization review performed on 2/5/15, the requested Aquatherapy 3x6 has been non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatherapy 3x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, pg. 22, AND Physical Medicine, pgs. 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, although she technically falls in the obese category, it was not clear from the documentation in the recent progress note provided for review as to why the worker was requiring any supervised physical therapy over unsupervised physical therapy (home exercises) years after her injury or why she required aquatic therapy over land-based therapy, as this was not explained in the note. Without evidence of a clear indication for the physical therapy, it will be considered medically unnecessary at this time.