

<b>Case Number:</b>	CM15-0047709		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: North Carolina, Georgia  
 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 a work related injury on July 12, 2006, incurring shoulder injuries. She was diagnosed with a shoulder sprain/strain. Treatment included physical therapy, hot packs and medications. Currently, the injured worker complained of persistent pain in her neck, headaches and low back pain with radiation down into her bilateral lower extremities. She was diagnosed with chronic lumbar radiculopathy, and cervical radiculitis. The treatment plan that was requested for authorization included Aqua therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the lumbar spine Qty: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 22.

**Decision rationale:** CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self-directed exercise program as do land based therapies. The medical records in this case document no intolerance of land-based physical therapy. Aquatic therapy is not medically indicated and the original UR decision is upheld.