

<b>Case Number:</b>	CM15-0049829		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on October 10, 2013. The injured worker had reported neck pain. The diagnoses have included cervical four-cervical five severe central and lateral canal stenosis with left cervical five and right cervical six radiculopathies and early myelopathy. Treatment to date has included medications, radiological studies, physical therapy, acupuncture therapy, chiropractic care, a cervical epidural steroid injection and a home transcutaneous electrical nerve stimulation unit. Current documentation dated February 5, 2015 notes that the injured worker reported worsening neck pain with constant numbness and tingling of both hands. Examination of the cervical spine revealed pain, spasms and a decreased range of motion. Upper extremity examination revealed diminished sensation bilaterally and bilateral weakness. The treating physician's plan of care included a request for post-operative aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative aqua therapy 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Postoperative aqua therapy 3 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The documentation does not indicate a rationale for aqua therapy after cervical surgery. The documentation does not indicate evidence of inability to tolerate land based therapy. This request for postoperative aqua therapy is not medically necessary.