

<b>Case Number:</b>	CM15-0058140		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old male injured worker suffered an industrial injury on 10/12/2013. The diagnoses included cervical degenerative disease with radiculopathy along with myofascial pain. The MRI of the cervical spine showed degenerative disc disease. The injured worker had been treated with medications, PT, acupuncture, massage, trigger point injections and psychotherapy. On 2/27/2015 the treating provider reported neck pain and right sided numbness with weakness. There was reduced range of motion of the cervical spine. The treatment plan included Aqua therapy. The medications listed are Voltaren gel, Zanaflex, topical Lidocaine and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy x 12 sessions (2 x 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Guidelines Page(s): 22, 47, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Aquatic Therapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that aquatic therapy may be utilized for patients who are unable to perform regular physical therapy or exercise because of limitation by limitation by the effect of weight bearing or gravity. The records indicate that the patient had previously completed regular supervised PT without any limitation. The guidelines recommend that patient progress to a Home Exercise Program after completion of supervised PT. There is no documentation of objective findings that will limit the patient from participation in non aquatic land based exercise program. The criteria for Aquatic Exercise 12 sessions (2 x 6 ) was not met.