

<b>Case Number:</b>	CM15-0080658		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 52 year old male, who sustained an industrial injury on April 9, 2010. He reported that while riding in the back of a camera car he was thrown forward and backward, striking his neck and right knee on a pole, and twisting his back. The injured worker was diagnosed as having musculoligamentous sprain/strain of the cervical spine, progressive cervical radiculopathy and myelopathy with myelomalacia, musculoligamentous sprain/strain of the lumbar spine, and right knee injury. Treatment to date has included right knee arthroscopy, cervical fusion, cervical laminectomy, MRIs, electrophysiological study, and medication. On June 27, 2013, the injured worker complained of neck pain with radiating numbness and paresthesias and bilateral weakness and numbness in the lower extremities, pain in the arm, hand, and feet, chronic lower back pain with paraspinal spasms, and right knee pain. The Qualified Medical Examination dated June 27, 2013, the single report submitted, noted the physical examination to show palpable paraspinal spasms in the posterior cervical and lumbosacral musculature, with clinical evidence of cervical radiculopathy and myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 99.

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The medical records indicate that the patient has had previous therapy. However, there is no comprehensive summary of the functional benefit of such aquatic therapy. The submitted documentation includes a QME from 2013 that does not elucidate the recent land or aquatic therapy that this patient has had. The physical medicine guidelines of the MTUS specify that future therapy is contingent on demonstration of functional benefit from prior therapy. Therefore, this request is not medically necessary.