

<b>Case Number:</b>	CM15-0242636		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	12/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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: Arizona, California  
 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 60 year-old female, who sustained an industrial injury on 11-21-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain and sprain, cervical paraspinal muscle spasms, cervical disc herniation, fibromyalgia, bilateral carpal tunnel syndrome, and chronic pain. Medical records (04-29-2015 to 11-12-2015) indicate ongoing neck, low back, bilateral arm and bilateral lower extremity pain. The IW also reported muscle spasms and limited range of motion in the neck with radiating pain, numbness and tingling into the upper extremities, and headaches. Pain levels were rated not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exam of the cervical spine, dated 11-12-2015, revealed loss of normal cervical lordosis, pain with palpation over the spinous processes, increased tone in the bilateral trapezius, severe myofascial pain on deep palpation with severe guarding, radiculitis or radiculopathy at C3-C7, positive cervical compression and distraction tests, positive Adson's test, and restricted range of motion. Relevant treatments have included cervical laminectomy and fusion (x2), cervical epidural steroid injection with 50% improvement, work restrictions, and medications. The request for authorization (12-01-2015) shows that the following treatment was requested: 36 sessions of aquatic therapy for the cervical spine (3 times weekly for 12 weeks). The original utilization review (12-08-2015) non-certified the request for 36 sessions of aquatic therapy for the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the cervical spine, three times weekly for twelve weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, the claimant may have limitations in movement due to pain, however, the 36 sessions requested well exceed the guidelines limit. Response to intervention is unknown. The 36 sessions of aqua-therapy is not medically necessary.