

<b>Case Number:</b>	CM13-0031482		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/07/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51-year-old male with a reported injury on 08/07/2007. The mechanism of injury was not provided within the clinical notes. The clinical note dated 09/16/2013 reported that the injured worker complained of low back, neck, right shoulder and right knee pain. Upon the physical examination, it was revealed that tenderness to palpation and myospasms were noted to the paracervical region. The cervical range of motion was restricted due to pain. The physical examination of the injured worker's lumbar spine revealed tenderness with myospasms and restricted range of motion. It was also reported that the injured worker had a positive straight leg raise bilaterally. The injured worker's diagnoses included a right knee sprain, right shoulder rotator cuff tendonitis/impingement, lumbar discopathy, multilevel small cervical disc protrusion at C3-7, secondary adhesive capsulitis, status post right shoulder impingement release and manipulation under general anesthesia and right wrist sprain. The injured worker's prescribed medication list included naproxen, gabapentin, tramadol and orphenadrine. The provider requested aquatic therapy to help improve range of motion and for strengthening. The Request for Authorization was submitted on 10/01/2013. The injured worker's prior treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE AND RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 13.

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

**Decision rationale:** The request for aquatic therapy 2 times a week for 4 weeks for the lumbar spine and right knee is not medically necessary. The injured worker complained of low back and right knee pain. The treating physician's rationale for aquatic therapy was to increase range of motion and strengthening. The California MTUS Guidelines recommend aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There is a lack of documentation indicating that the injured worker has significant functional deficits requiring aquatic therapy. There is a lack of clinical information indicating the specific rationale for aquatic therapy rather than a land-based therapy. Given the information provided, there is insufficient evidence to determine the appropriateness of aquatic therapy to warrant the medical necessity. As such, the request is not medically necessary.