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| <b>Case Number:</b>   | CM14-0003604 |                              |            |
| <b>Date Assigned:</b> | 04/04/2014   | <b>Date of Injury:</b>       | 11/30/2011 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 12/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2014 |

### 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 underlying date of injury in this case is 11/30/2011. Treating diagnoses include a cervical and lumbar sprain with lumbar spondylosis and cervical radiculopathy. A treating physician followup note of 11/15/2013 is handwritten and mostly legible and indicates that the patient was rescheduled for a n epidural injection on 12/20/2013. The treating physician state that the patinet's low back pain had increased since the patient's last aquatic therapy session, and therefore the treating physician wished to continue with aquatic therapy. An initial physician review noted that the medical records did not clearly describe education with respect to independent exercises and did not establish objective and measured functional gains and goals for aquatic therapy.

### 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 5 WEEKS:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy, states that aquatic therapy is recommended as an optional form of exercise therapy. The records in this case do not clearly provide a rationale as to why this patient requires aquatic rather than land-based therapy. Moreover, the Chronic Pain Medical Treatment Guidelines section on physical medicine recommends transition to independent home exercise. The records do not clearly indicate a plan for transition to an independent exercise program or a rationale as to why this patient would currently require supervised aquatic therapy rather than independent rehabilitation. The request for aquatic therapy twice a week for five weeks is not medically necessary and appropriate.