

<b>Case Number:</b>	CM14-0121975		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 05/16/2012. The date of the utilization review under appeal is 07/11/2014. The patient's primary diagnosis is cervical spinal stenosis. The patient underwent an orthopedic qualified medical examination on 06/24/2014. That report reviewed at length the patient's treatment for cervical sprain, left upper trapezius plantar fasciitis, rule out cervical radiculopathy, left shoulder sprain with impingement syndrome, bilateral lumbar radiculitis, and anxiety/depression. Future treatment recommendations emphasized an independent home rehabilitation program. On 05/19/2014, secondary treating physician's reevaluation report notes the patient's history of a left shoulder impingement syndrome and cervical strain. That report requests authorization for physical therapy 2 times a week for 4 weeks to improve strength, stability, range of motion, and to decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 x 4 Cervical/Lumbar spine, Bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back - Low Back - Shoulder: physical therapy (PT) guidelines

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Aquatic Therapy, page 22, states that this is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. I cannot identify a specific reference in the treating notes or a request for authorization specifically discussing a request for aquatic therapy. Moreover, the treatment guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. A rationale for supervised aquatic therapy at this time rather than independent home therapy is not apparent. This request is not medically necessary.