

<b>Case Number:</b>	CM14-0136800		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Neurological Surgery 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 records presented for review indicate that this 50-year-old female individual was reportedly injured on April 23, 2012. The most recent progress note, dated the 19th 2014, indicates that there are ongoing complaints of neck pain radiating to the left upper extremity as well as low back pain, left shoulder pain, bilateral elbow pain, and bilateral leg pain. Current medications are stated to be helpful and that the injured employee had improved. The physical examination demonstrated tenderness over the cervical and lumbar spine paraspinal muscles with spasms. There was normal cervical and lumbar spine range of motion and a positive bilateral straight leg raise test at 70. Diagnostic imaging studies of the lumbar spine revealed disc desiccation from T 12 through S1, with a left-sided disc protrusion at T 12 - L1. Nerve conduction studies of the upper extremities revealed right moderate left mild carpal tunnel syndrome. Previous treatment includes chiropractic care, acupuncture, and oral medications. A request had been made for aquatic therapy for the cervical, thoracic, and lumbar spine and was not certified in the pre-authorization process on August 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2x4 Cervical, Thoracic and Lumbar Spine 2 times a week for 4 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Guidelines Page(s): 22 and 9. Decision based on Non-

MTUS Citation Official Disability Guidelines - Neck & Upper Back / Physical Therapy; Low Back - Lumbar & Thoracic (Acute & Chronic / Physical Therapy

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

**Decision rationale:** The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the injured employee is unable to participate in land-based physical therapy. Additionally, it is unclear how aquatic therapy can benefit the cervical spine. Considering this, the request for aquatic therapy for the cervical, thoracic, and lumbar spine is not medically necessary.