

<b>Case Number:</b>	CM14-0162095		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of January 22, 2013. A utilization review determination dated September 4, 2014 recommends non-certification of aquatic therapy. A prescription dated July 9, 2014 recommends aquatic therapy. A progress report dated July 9, 2014 identifies subjective complaints indicating that acupuncture is improving the patient's pain. He continues to complain of neck pain radiating into the trapezius muscles. He also has low back pain radiating to the thighs and knees. Objective examination findings revealed decreased cervical spine range of motion with tenderness the palpation around the paravertebral muscles. Lumbar range of motion is also decreased with tenderness to palpation around the lumbar paravertebral muscles. Muscle spasm is present in the cervical and lumbar spine. Diagnoses include cervical sprain/strain, cervical radiculopathy, lumbar musculoligamentous injury, and lumbar sprain/strain. The treatment plan recommends continuing medication, a urine toxicology screen, and aquatic therapy 2 times a week for 6 weeks. A progress report dated March 20, 2014 recommends continuing home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2x6 QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone, if any, and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, it appears the patient is performing a home exercise program on a regular basis, but it is unclear whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.