

<b>Case Number:</b>	CM14-0090473		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/26/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female with an 8/26/03 date of injury. The mechanism of injury was not noted. According to the only report provided for review, dated 12/4/13, the patient complained of pain in the neck with radicular symptoms into the arms and left shoulder pain aggravated with overhead reaching. Objective findings: cervical spine ROM flexion 50 degrees, extension 60 degrees, rotation on the right 65 degrees and on the left 65 degrees; tightness in the cervical paraspinal musculature; examination of the left shoulder is restricted. Diagnostic impression: cervical strain, disk lesion; lumbar strain, herniated lumbar disk; tendonitis, carpal tunnel syndrome right hand; lateral epicondylitis, right elbow; right and left shoulder strain, tendonitis, impingement; myoligamentous strain, internal derangement, left knee; symptoms of anxiety and depression; symptoms of intermittent insomnia. Treatment to date: medication management, activity modification. A UR decision dated 6/4/14 denied the request for aquatic therapy. The request is not medically reasonable, as there is no indication that the claimant has a comorbid diagnosis such as obesity, which would require aqua therapy. Also, there is no indication that the claimant has attempted a land-based physical therapy and has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY 2X6:** Upheld

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

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

**Decision rationale:** CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. There was no documentation provided as to whether or not the patient has had a trial of land-based physical therapy. A specific rationale was not provided as to why the patient requires aquatic therapy instead of land-based physical therapy. Therefore, the request for Aqua Therapy 2 times 6 was not medically necessary.