

<b>Case Number:</b>	CM14-0094062		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Occupational 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:

According to the records made available for review, this is a 43-year-old female with a 4/4/08 date of injury, and decompression of the right brachial plexus on 1/7/14. At the time (5/28/14) of request for authorization for eight session of aquatic therapy, there is documentation of subjective (low back pain radiating to right lower extremity) and objective (positive lumbar spine stretch and pain to right lateral calf with decreased range of motion) findings, current diagnoses (brachial plexus injury, status post anterior cervical discectomy and fusion C5-7, and lumbar sprain/strain), and treatment to date (physical therapy, 12 sessions of aquatic therapy, and medications). There is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services (objective improvement with previous treatment) as a result of aquatic therapy to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight session of aquatic therapy.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of lumbar sprain/strains. Within the medical information available for review, there is documentation of a diagnosis of brachial plexus injury, status post anterior cervical discectomy and fusion C5-7, and lumbar sprain/strain. In addition there is documentation of 12 previous sessions of aquatic therapy, which exceeds guidelines. Furthermore, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services (objective improvement with previous treatment) as a result of aquatic therapy to date. Therefore, based on guidelines and a review of the evidence, the request for eight session of aquatic therapy is not medically necessary.