

<b>Case Number:</b>	CM14-0097270		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 General Surgeon, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 46 year old female claimant who was injured on January 14, 2013 to the neck. The mechanism of injury was trying to get up on a barstool. The diagnoses listed as sprain of neck, sprain of lumbar region, and sprain of unspecified site of knee and leg. The claimant has previous been afforded an aquatic therapy program in 4/2013. In 5/2013 the claimant was noted to be 360 lbs but by 11/25/13 her weight had increased to 383lbs despite participating in aquatic therapy. The most recent progress note dated 5/23/14, is illegible due to poor copy quality. Progress note dated 5/9/14, reveals complaints of cervical pain, lumbar spine pain, and bilateral knee pain. Physical examination reveals mild spinous, paraspinous and trapezial tenderness, without periscapular tenderness noted; range of motion reveals extension is 20 degrees, flexion 20 degrees, lateral 10 degrees rotation 10 degrees, extension mild restriction, lateral bending mild restriction, lateral rotation mild restriction, limp gait, piriformis max tenderness noted, straight leg raise with back pain only on left and right side. Prior treatment includes physical therapy, medications, injections, home healthcare, and monthly follow up care. A prior utilization review determination dated 6/12/14 resulted in denial of aqua therapy for the cervical and lumbar spine two times a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the cervical spine and lumbar spine, 2 times a week for 6 weeks, 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 Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The claimant has been afforded at least 16 sessions of aquatic therapy previously from 4/22/13 through 10/21/13 despite which the claimant failed to transition to a self directed land based Home Exercise Program. Persistence in a program that has failed will only engender therapist dependence and is unlikely to provide any long term benefit. The requested additional 12 sessions of aquatic therapy is not medically necessary and therefore the request is not medically necessary.