

<b>Case Number:</b>	CM14-0099055		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/13/1995
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 and is licensed to practice in Nevada. 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 62-year-old female was reportedly injured on December 13, 1995. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 21, 2014, indicated that there were ongoing complaints of neck pain radiating to the upper extremities and low back pain radiating to the bilateral lower extremities. The injured employee was following up for medication refills. The physical examination demonstrated pain with cervical spine range of motion and tenderness over the paracervical muscles and trapezius muscles with muscle spasms. There was a positive Hoffman's sign in the upper extremities. Examination of the lumbar spine also noted muscle spasms and pain with range of motion. The injured employee ambulated with an antalgic gait. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy. A request had been made for aqua therapy three times a week for six weeks and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 3x6 lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. A review, of the attached medical record, indicated that the injured employee has participated in a considerable amount of prior physical therapy. It is unclear from this request if the injured employee is currently unable to participate in land-based therapy or a home exercise program. As such, this request for aquatic therapy three times a week for six weeks is not medically necessary.