

<b>Case Number:</b>	CM14-0150938		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/06/1992
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York, Tennessee  
Certification(s)/Specialty: Emergency Medicine

### 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 63 year old woman sustained an industrial injury on 11/6/1992. The mechanism of injury is not detailed. Current diagnoses include chronic cervicgia staus post whiplash injury, postlaminectomy syndrome of the cervical spine status post L4-C6 anterior cervical discectomy and fusion, cervicogenic headache, and cervical sponylosis. Treatment has included oral medications. Physician notes dated 11/7/2014 show continued complaints of cervical spine pain. Pain is rated as a 5/10. Recommendations include the current medication regimen, aquatherapy, physical therapy, spine specialist referral, and follow up in one month. No other physician notes are identified either closer to or before the date of Utilization Review. On 9/5/2014, Utilization Review evaluated a prescription for six sessions of aquatic therapy, that was submitted on 9/10/2014. The UR physician noted there is limited evidence of specific deficits that necessitate aquatic therapy. There is no indication of a recent flare up or need for a reduced weight bearing environment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy one (1) times a week for six (6) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56.

**Decision rationale:** Aquatherapy 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The recommended number of visits follows those recommended for land-based physical therapy. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the therapy). In this case there is no documentation that the patient has a condition that requires therapy that minimizes the effect of gravity. The patient is not overweight and does not suffer from fibromyalgia. The request should not be authorized.