

<b>Case Number:</b>	CM15-0005056		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/19/2006
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 38 year old female with an industrial injury dated 5/19/2006. The diagnoses included chronic low back pain, lumbar degenerative disc disease, lumbar radiculitis, left shoulder pain, adhesive capsulitis and osteoarthritis of the left shoulder. The diagnostics included x-rays, magnetic resonance imaging, and electromyography. The treatments were medications, aqua therapy and nerve blocks. The treating provider's progress note described pain as being worse with it radiating from the lumbar spine to the left leg. It is aggravated by sitting standing walking, bending and lifting with tingling noted down the left leg. The exam revealed positive straight leg raise to the left, limited range of motion to the shoulder and hypersensitivity to the lumbar distribution. The UR determination denied request on 12/10/2014 for additional aqua therapy session x 6 sessions citing MTUS Chronic Pain Treatment Guidelines, Aquatic Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Aqua Therapy X 6 Sessions, left shoulder, low back:** Upheld

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

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

**Decision rationale:** According to MTUS 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. For recommendations on the number of supervised visits, see Physical medicine. 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 maybe required to preserve most of these gains. (Tomas-Carus, 2007)." There no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit from prior Aquatic therapy sessions. In fact, The treating provider's progress note described pain as being worse,radiating from the lumbar spine to the left leg. Therefore the prescription of additional aquatic therapy is not medically necessary.