

<b>Case Number:</b>	CM15-0121569		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62 year old male, who sustained an industrial injury on 7/29/10. He has reported initial complaints of a fall with injury to the neck, right shoulder and back. The diagnoses have included cervical radiculopathy, lumbar, thoracic and cervical degenerative disc disease (DDD), spinal stenosis and depression. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, acupuncture, chiropractic and mental health therapy. Currently, as per the physician progress note dated 5/12/15, the injured worker complains of neck and back pain with headaches and persistent right shoulder pain. He states he is also more depressed due to the headaches. He continues to go to chiropractic treatments weekly and it has been 9 months since his cervical fusion surgery. The physical exam reveals that he is depressed, there is tenderness to palpation over the trapezius muscles, there is cervical spasm noted, and there is decreased cervical range of motion with pain. The head is tilted to the right. There is positive Spurling's on the right. There is tenderness to palpation of the cervical paraspinals, with pain in the right with neck extension. The diagnostic testing that was performed included x-rays of the cervical spine. There was also Magnetic Resonance Imaging (MRI) of the cervical spine and electromyography (EMG) /nerve conduction velocity studies (NCV) of the upper extremities but the reports are not noted. The current medications included Norco, Prozac, Alprazolam, Terocin topical solution, and Ambien. There is previous physical therapy sessions noted. The physician requested treatment included Aqua therapy 8 sessions, cervical spine, lumbar, and thoracic spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 8 sessions, cervical spine, lumbar, thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy, physical medicine Page(s): 22, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state, "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "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 physical therapy); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease." Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. As such, the current request for aqua therapy 8 sessions, cervical spine, lumbar, thoracic is not medically necessary.