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| <b>Case Number:</b>   | CM15-0121775 |                              |            |
| <b>Date Assigned:</b> | 07/02/2015   | <b>Date of Injury:</b>       | 03/14/2014 |
| <b>Decision Date:</b> | 08/12/2015   | <b>UR Denial Date:</b>       | 05/26/2015 |
| <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: New Jersey, Alabama, 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 (IW) is a 50-year-old female who sustained an industrial injury on 03/14/2014. Diagnoses include cervical sprain; right shoulder impingement; right lateral epicondylitis; and lumbar sprain/strain. Treatment to date has included medication, chiropractic care, activity modification and aqua therapy. According to the progress notes dated 4/6/15, the IW reported no significant improvement in back pain since her previous office visit. On examination, the cervical and lumbar spine was tender to palpation and spasms were noted. Sensation was reduced in the right L5 dermatome. The right shoulder was tender over the anterior aspect, range of motion (ROM) was within normal limits and impingement sign was positive. The right elbow was tender to pressure over the lateral aspect, ROM was normal and Cozen's sign was positive. ROM of the lumbar spine was restricted. Progress notes dated 5/18/15 indicated the IW was able to walk two to three blocks with minimal pain since beginning the aqua therapy trial; she was previously limited to one block. A request was made for aqua therapy three times weekly for four weeks for the lumbar spine, right arm and right shoulder for core strengthening and reduction of back pain and a back support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 3x4 Lumbar spine, right arm, right shoulder: Upheld**

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

**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 has 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 documentation on the number of prior aqua therapy sessions. Therefore, the prescription of 12 aquatic therapy sessions for Lumbar spine, right arm, and right shoulder is not medically necessary.

**Back Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Lumbar support is not medically necessary.