

<b>Case Number:</b>	CM15-0129859		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on August 8, 2014. She reported injury to her back, waist and left upper extremity. The injured worker was diagnosed as having acute and chronic pain left trapezius and right oblique insertion into pelvis, acute left parathoracic subscapular strain, acute right supragluteal tear and subacute pain right 3 MC ganglion cyst. Treatment to date has included physical therapy, diagnostic studies and medications. On June 13, 2015, the injured worker complained of acute pain in her left flank, left scapular area and right hand. The pain was rated as a 6 on a 1-10 pain scale. Any movement or any lifting effort provoked the pain. Her medications were noted to provide partial relief. Notes stated that physical therapy help but it was stopped. The treatment plan included diagnostic studies, medications, physical therapy and aqua therapy. On July 2, 2015, Utilization Review non-certified the request for aqua therapy times sixteen visits, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy x 16 visits:** Upheld

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

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

**Decision rationale:** The California MTUS section on aqua therapy states: 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 may be required to preserve most of these gains. (Tomas-Carus, 2007) The request is in excess of physical therapy sessions for the treatment of the patient's back and pelvic pain and therefore the request is not medically necessary.