

<b>Case Number:</b>	CM15-0134364		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old woman sustained an industrial injury on 5-12-2013. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 5-27-2015 show complaints of increased cervical and lumbar spine pain rated 7 out of 10 with decreased mobility and strength. The physical examination shows the right shoulder slightly lower. Range of motion of the lumbar spine is noted to be flexion 50 degrees, extension 4 degrees, right lateral bending 12 degrees, and left lateral bending 10 degrees. Cervical spine range of motion shows flexion and extension "within normal limits", right lateral bend 26 degrees, and left side bend 28 degrees. Left shoulder flexion is 18 degrees, extension 20 degrees, and abduction is 25 degrees. Right shoulder flexion, extension, and abduction in "within normal limits". Bilateral hip flexors and the right shoulder have strength of 4 out of 5 while the left shoulder has strength of 3 out of 5. There is tightness and tenderness to palpation of the paraspinal muscles of the left shoulder. Recommendations include aquatic therapy. Utilization Review denied a request for aquatic therapy on 6-9-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the cervical spine, 2 times a week for 6 weeks, quantity: 12 sessions:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Low Back-Lumbar and Thoracic (Acute and Chronic) (updated 5/15/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear objective neurological deficits to support for the aquatic treatment to the neck as the patient exhibit normal cervical range with intact motor skills. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic therapy for the cervical spine, 2 times a week for 6 weeks, quantity: 12 sessions is not medically necessary and appropriate.