

<b>Case Number:</b>	CM15-0041294		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 11/14/2007. The injured worker is currently diagnosed as having brachial radiculitis and pseudoarthrosis of spine. Treatment and diagnostics to date has included cervical fusions, physical therapy, massage, and medications. In a progress note dated 01/27/2015, the injured worker presented for a routine follow up. The treating physician reported requesting authorization for pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy of the Cervical Spine 8 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: Aquatic Therapy, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient presents with neck and shoulder pain. The request is for aqua therapy of the cervical spine 8 sessions. The provided RFA is dated 01/29/15 and the patient's

date of injury is 11/14/07. The diagnoses include brachial radiculitis and pseudoarthrosis of spine, brachial neuritis and disorder of trunk. Provided medical reports do not include physical examinations. Treatment and diagnostics to date has included cervical fusions, physical therapy, massage, and medications. The patient's work status is not provided. MTUS Guidelines page 22, Chronic Pain Medical Treatment 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 effect 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." MTUS page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Per 01/27/15 report, treater states, "He will need more therapy to optimize his recovery and establish better movement at C3-4." According to the utilization review letter dated 02/05/15, the patient completed 17 aqua therapy sessions. There is no explanation as to why aqua therapy is needed. There is no extreme obesity or the need for reduced weight bearing exercises. The request for an additional 8 sessions would also exceed what is allowed by MTUS. For recommendation of number of visits, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 visits over 8 weeks. Therefore, this request IS NOT medically necessary.