

<b>Case Number:</b>	CM15-0074032		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/30/2005
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 is a 43 year old female who sustained an industrial /work injury on 8/30/05. She reported an initial complaint of lumbar spine pain. The injured worker was diagnosed as having posttraumatic cephalgia, cervical radiculopathy, thoracic radiculopathy, and radicular neuropathic lumbar pain. Treatment to date includes medication, surgery (lumbar fusion on 4/12/06, 6/24/09 and left labral shoulder repair on 4/04), physical therapy (20 sessions), and diagnostics. CT scan results reported on 2/12/14. Currently, the injured worker complained of lumbar, low back pain, L>R, bilateral lower extremity numbness and tingling as well as neck pain, left shoulder pain, and left knee pain. Per the medical re-evaluation on 4/22/15, exam noted cervical spine limited range of motion, sensation is intact, 1+ reflexes; healed surgical scars to both shoulders, limited range of motion, normal sensation; right hip range of motion limited with positive Lasegue test bilaterally and Faber's test for left and right. The requested treatments include Aqua Therapy 3x4 to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 3x4 to the cervical and lumbar spine:** 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 is no clear evidence that the patient have difficulty performing land based physical therapy There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of Aqua Therapy 3x4 to the cervical and lumbar spine is not medically necessary.