

<b>Case Number:</b>	CM13-0011116		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	08/28/1997
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 08/28/1997. The primary diagnosis is lumbosacral spondylosis without myelopathy. An initial physician review recommended non-certification of aquatic therapy based on the lack of information regarding frequency and duration but not based upon issues of medical necessity. A physician's treatment plan and prescription of 07/02/2013 reports the diagnoses of lumbosacral spondylosis without myelopathy as well as low back pain and a lumbar sprain/strain. That form prescribes aquatic therapy. Additional details are not provided. A treating physician note of 08/01/2013 discusses the patient's followup visit regarding low back pain with the diagnosis of lumbosacral spondylosis, low back pain, lumbar sprain, and generalized osteoarthritis of the hand. That note outlines detailed recommendations for treatment including use of a brace and home exercising conditioning as well as home use of physical modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy (frequency/duration unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Aquatic Therapy and Section on Physical Medicine Page(s): 22,99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that Aquatic Therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. This same guideline under Physical Medicine also notes that treatment should allow for fading of treatment frequency plus active self-directed home Physical Medicine. The treatment guidelines, therefore, anticipate that this employee would have transitioned to an independent active home rehabilitation by this time, as indeed the medical records provided indicate has been accomplished. The medical records and guidelines do not provide a rationale for Final Determination Letter for IMR Case Number [REDACTED] 3 additional supervised therapy. The records also do not provide a rationale for aquatic rather than land-based therapy. Additionally, the frequency/duration of the post therapy has not been specified. For these multiple reasons, the medical records do not support this request. The request for Aqua Therapy (frequency/duration unspecified) is not medically necessary and appropriate.