

<b>Case Number:</b>	CM13-0013234		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 and 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 07/02/2009. The primary diagnosis sciatica. On a number of dates, including on 09/18/2013, the attending physician saw the patient in follow-up. On that date, the patient complained of right shoulder pain, left foot pain, and numbness in the great toe as well as left thumb pain. She was also noted to have the diagnosis of obesity and depression. At that time, the provider noted that previous request for aquatic therapy had not been approved and that the patient requires a 1-year self-directed aquatic therapy program. An initial physician review noted that the patient had been attending aquatic therapy for about 6 months and felt very comfortable exercising in the water based on the medical records. That note indicates that the patient had difficulty with land-based exercises since this aggravated her symptoms and that the aquatic exercise helped to relieve her back pain and foot pain. That reviewer referred to Official Disability Guidelines and indicated that the current request was not supported. A prior treating physician note of 08/19/2013 reported that the patient had been attending aquatic therapy for 6 months and the patient felt comfortable in the water, and the patient had stated, "I feel like a frog in the water," and the patient had difficulty with land-based exercise. The patient reported that this helped her back pain and foot pain as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year self directed aquatic therapy for the low back, left ankle, right shoulder, left thumb:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Treatment of Workers' Compensation/Low Back

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, Section on Aquatic Therapy, page 22, 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, page 99, states that physical therapy allow for fading of treatment frequency plus active self-directed home Physical Medicine. Additionally, the Official Disability Guidelines/Treatment of Workers' Compensation/Low Back states that gym memberships is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The medical records at this time do very specifically outline benefits, both subjectively by the patient and objectively observed in terms of the patient's mood by the treating physician, in which the patient has reported substantially greater effects of aquatic than land-based therapy. Such observations are certainly consistent with the guidelines of the rationale as to why aquatic therapy is an option based on the guidelines. The treatment guidelines do not provide explicit criteria as to when such treatment would be effective. The medical records in this case are reasonably sufficient in meeting the guidelines.