

<b>Case Number:</b>	CM13-0020053		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 30-year-old male with a reported date of injury on 09/14/2012. The mechanism of injury was reported as a fall. The injured worker presented with constant severe back pain and stiffness, rated at 10/10. Upon physical examination, the injured worker's thoracic spine range of motion revealed to be decreased and painful. The thoracic range of motion revealed flexion to 35/45, left rotation to 15/30, right rotation to 18/30. The lumbar spine range of motion revealed to be decreased and painful with flexion to 28/60, extension 10/25, left lateral bending 14/ 25, and right lateral bending 16/25. There was tenderness to palpation of the lumbar paravertebral muscles, bilateral S5 joints, bilateral gluteus, and L3-S1 spinous process. In addition, there was noted positive straight leg raise bilaterally. The clinical documentation indicated the injured worker previously participated in physical therapy and acupuncture care; the results of which were not provided within the documentation available for review. The injured worker's diagnoses included thoracic sprain/strain, thoracic muscle spasm, lumbar sprain/strain, lumbar muscle spasm, and lumbar disc protrusion. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization of aquatic therapy 3 times a week for 6 weeks, thoracic and lumbar spine, was submitted on 09/09/2013. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 3 Times A Week For 6 Weeks Thoracic 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 and Physical Medicine Page(s): 22.

**Decision rationale:** The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. In addition, the California MTUS guidelines recommend 9-10 visits over 8 weeks. The request for 18 aquatic therapy visits exceeds the recommended guidelines. In addition, the clinical information provided for review lacks documentation related to the injured worker's previous physical therapy. There was a lack of documentation related to the need for the injured worker to have the effects of gravity minimized. Therefore, the request for aquatic therapy 3 times a week for 6 weeks, thoracic and lumbar spine, is not medically necessary.