

<b>Case Number:</b>	CM13-0027223		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 7/12/07. A utilization review determination dated 9/13/13 recommends non-certification of aquatic therapy to the lumbar spine for 18 sessions. An 8/22/13 medical report identifies less pain and more ability to participate in routine activities. He is participating in PT which he feels is helping to increase his stability and decrease his pain. No abnormal exam findings are noted. Treatment plan includes extension of PT as well as a prescription for aquatic therapy 3 x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY FOR THE LUMBAR SPINE (3 TIMES PER WEEK FOR 6 WEEKS): 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 Page(s): 22, 98-99.

**Decision rationale:** Regarding the request for AQUATIC THERAPY FOR THE LUMBAR SPINE (3 TIMES PER WEEK FOR 6 WEEKS), the MTUS Chronic Pain 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. They go on to indicate that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Up to 10 sessions are supported. Within the documentation available for review, there is no documentation indicating why the employee would require therapy in a reduced weight-bearing environment. Furthermore, the request exceeds the number of sessions supported by the MTUS guidelines and there is no provision for modification of the request. In light of the above issues, the currently requested AQUATIC THERAPY FOR THE LUMBAR SPINE (3 TIMES PER WEEK FOR 6 WEEKS) is not medically necessary.