

<b>Case Number:</b>	CM13-0027241		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/10/2013
<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 Occupational Medicine 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.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; attorney representation; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 10, 2013, the claims administrator denied a request for 12 sessions of aquatic therapy. The applicant's attorney letter appealed. A physical therapy evaluation note of August 27, 2013 is notable for comments that the applicant has not had prior spine surgery. The applicant has had prior therapy for low back pain. The applicant reports difficulty performing activities of daily living at home. The applicant is, however, described as "FWB," or full weight bearing, despite having diminished lower extremity strength and spine range of motion. Despite the fact that the applicant is full weight bearing, aquatic therapy is sought. An earlier September 4, 2013 progress note is notable for comments that the applicant reports minimal 2/10 dull low back pain, exhibits paravertebral tenderness, and is asked to remain off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy two (2) times a week times six (6) weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** No, the proposed 12 sessions of physical therapy for lumbar spine are not medically necessary, medically appropriate, or indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in whom reduced weight bearing is desirable. In this case, however, there is no evidence that the applicant has a condition for which reduced weight bearing is desirable. The physical therapy evaluation referenced above suggests that the applicant was full weight bearing and did not have any gait disturbance or gait derangement. Thus, all information on files suggests that the applicant does not have a condition for which reduced weight bearing is desirable. Therefore, the request is non-certified.