

<b>Case Number:</b>	CM13-0031603		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 57-year-old female who sustained an injury on August 27, 2009. Per prior UR dated September 11, 2013, the patient is currently diagnosed with multilevel lumbar spondylosis with discopathy and arthrosis at L4-5 and L5-S1; and multilevel broad-based disc protrusion and spinal stenosis; status post L2 to S1 bilateral laminotomy and foraminotomy. The patient underwent a L2 through S1 bilateral laminotomy and foraminotomy on February 21, 2013. As per the UR record, she had 21 authorized sessions of physical therapy post operatively. There were not any post operative lumbar spine physical examination findings in the documentation submitted for this review. Nor were there any post operative physical therapy documents submitted for review. Documentation review revealed, per a March 31, 2013 Physician note, the patient was followed up for her neck, shoulder, low back. The patient finished acupuncture on Friday. Since her last visit, the patient feels worse. Aquatic Therapy two (2) times a week for six (6) weeks, for the lumbar was requested.

### 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 for six (6) weeks, for the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99, Postsurgical Treatment Guidelines.

**Decision rationale:** There is no documentation of exactly how many post operative physical therapy (PT) visits or how much functional progress she has made in prior therapy visits. Per documentation she has already had at least 21 authorized PT sessions. She should be competent in a home exercise program. Additionally, there is no evidence from documentation submitted that the patient has a condition such as extreme obesity that would require aquatic therapy. Per the Post-Surgical Treatment Guidelines: "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." The Chronic Pain Medical Treatment Guidelines Physical Medicine Guidelines suggest to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, there is no documentation submitted stating why the patient could not have land based therapy. Per the MTUS guidelines, "Aquatic therapy is Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." From documentation submitted the patient does not have evidence of a body mass index that would fall under the extreme obesity range. The request for aquatic therapy two (2) times a week for six (6) weeks, for the lumbar is not medically necessary.