

<b>Case Number:</b>	CM13-0034306		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & 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 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:

This is a patient with a date of injury of 1/19/12. A utilization review determination dated 9/25/13 recommends non-certification of additional physical therapy with aqua therapy x 6 visits to the lumbar spine. A 9/3/13 medical report identifies low back pain and bilateral leg pain. The patient states that she is unable to exercise and participate in activities with her children and ride her bicycle. PT was interrupted when she relocated from southern California and she was not taught a home exercise regimen while in PT. On exam, there is low back tenderness with limited ROM. 6 sessions of PT with aqua therapy were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PT W/ AQUA THERAPY X6 VISITS FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 22, 98-99. Page(s): 22, 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-

based physical therapy. Guidelines go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is documentation of prior PT that was interrupted when the patient relocated and she was never taught a home exercise program. She is unable to perform exercises or perform some of her activities of daily living. A few sessions of land-based PT would be appropriate to help address the exacerbation and progress the patient into an independent home exercise program. However, there is no rationale presented for the inclusion of aquatic therapy specifically. In light of the above issues, the currently requested aqua therapy visits are not medically necessary.