

<b>Case Number:</b>	CM13-0037832		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/01/2000
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Interventional Spine 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 patient was injured on 2/1/2000. According to the 4/11/13 report from [REDACTED], the diagnoses include: s/p posterior decompression and stabilization L4/5 and L5/S1 on 8/1/11; s/p anterior interbody fusion L4/5 and L5/S1 on 9/29/2003; s/p right knee arthroscopy debridement of lateral meniscus, 1/3/2002; right quadriceps tendinitis, s/p arthroscopy 7/20/2000; CTS bilateral wrists secondary to cane use, s/p right CTR 9/26/07, s/p left CTR 12/10/08; left ankle sprain. The IMR application shows a dispute with the 9/10/13 UR decision. The 9/10/13 UR letter is from [REDACTED], and was based on the 8/13/13 report from [REDACTED], and recommended non-certification for 8 sessions of pool therapy for the lumbar spine. Unfortunately, the 8/13/13 medical report was not provided for this IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 pool therapy for the lumbar spine twice a week for 4 weeks, as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

**Decision rationale:** Limited records are available for review. Only the 4/11/13 report and the 9/23/13 appeal from the requesting physician, [REDACTED] were provided. There are no physical therapy or aquatic therapy notes, or mention of when the last PT session occurred. The 4/11/13 report describes a flare-up of back pain. There are no mention of PT or aquatic therapy after the flare-up on 4/11/13. MTUS for aquatic therapy states: "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". The patient was reported to have had knee surgery and ambulates with a walker or cane. There appears to be a weight-bearing problem. MTUS then states: "For recommendations on the number of supervised visits, see Physical medicine". MTUS for physical medicine recommends 8-10 sessions for various myalgias or neuralgias. Based on the available information, the request for 8 sessions of aquatic therapy appears to be in accordance with MTUS guidelines.