

<b>Case Number:</b>	CM13-0043276		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 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 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back, hip, foot, and knee pain reportedly associated with an industrial injury of August 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; at least 10 sessions of physical therapy, per the claims administrator; attorney representation; transfer of care to and from various providers in various specialties; topical agents; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of August 9, 2012, the claims administrator denied a request for eight sessions of aquatic therapy stating that the applicant should be capable of transitioning to home exercises independently. The applicant's attorney subsequently appealed. The clinical progress note of June 10, 2013, is notable for comments that the applicant is off of work, on total temporary disability, as of that point in time. A September 30, 2013, progress note is noted for comments that the applicant reports persistent low back pain radiating to the bilateral lower extremities with associated hip pain, foot pain, and knee pain. The applicant attributes her symptoms to a trip and fall industrial injury. The applicant is a former librarian. The applicant is on tramadol and Flexeril. The applicant's lumbar range of motion is reduced. The applicant's gait was not described. Aquatic therapy is sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY (8 SESSIONS): 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:** The Expert Reviewer's decision rationale: 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, it is not clearly stated that the reduced weight bearing is in fact desirable. It is not clearly stated why the applicant is unable to participate in land-based therapy and/or land-based exercises. The applicant's gait was not described on the office visit in which the aquatic therapy was requested. Therefore, the request is not certified.