

<b>Case Number:</b>	CM13-0050948		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/22/2001
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 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:

The patient is a 70-year-old female with date of injury on 08/22/2001. The progress report dated 09/03/2013 by [REDACTED] indicates that the patient's diagnoses include: Bilateral hip pain, and status post lumbosacral fusion. The patient continues to present with bilateral hip pain and low back pain. Physical exam indicates that the patient had a 5/5 motor strength of the lower extremities. She had difficulty with sit-to-stand movement. The utilization review letter dated 10/18/2013 indicates that the patient had lumbar spine fusion in 2012. The patient had prior authorization of aqua therapy in January of 2013 for 4 visits. The treating physician had requested 12 sessions of aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of aqua therapy, two times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** The patient continues to present with low back pain and bilateral hip pain. She is status post lumbar fusion in 2012. The records indicate that the patient had been going to exercise in the pool on her own and the treating physician was wanting to get formal aqua therapy for the patient to optimize the benefit of pool therapy. MTUS Guidelines recommends aqua therapy as an optional form of exercise therapy to land-based physical therapy where available. For recommendations on the number of supervised visits, it refers to Physical Medicine Guidelines. MTUS Physical Medicine Guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, unspecified. The treating physician had requested 12 sessions of aqua therapy. This exceeds the number of visits recommended by MTUS. Therefore, recommendation is for denial.