

<b>Case Number:</b>	CM13-0055201		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/31/1997
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old female who sustained an injury on 12/31/1997. She continues to suffer from recurrent lower back, hip and knee pain, associated with some decrease in range of motion. She is being treated with various pain medications including Nonsteroidal antiinflammatory medications and Gabapentin. She has been doing her regular duty. Diagnoses include Lumb/lumbosac disc degen, and the claimant was given a trial of hydrotherapy and found it to be beneficial, and renewal for twice a week for four weeks was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy/hydrotherapy twice a week for four weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 47, 98-99.

**Decision rationale:** The MTUS recognizes Aquatic therapy as an effective treatment for conditions requiring reduction in weight bearing, like obesity; it has also been found to be useful for Fibromyalgia. Although the injured worker's weight is not specified, she has been diagnosed of Lumbar degenerative disease, a condition known to be affected by gravity. In the case the

documents reviewed shows that the patient has benefited from it in the past. Furthermore, the MTUS reports that active exercise has been known to provide 64.7 % success rates as opposed to 36.75 success rates seen in people treated with passive treatment. One hour of supervised water-based exercise program three times a week for 8 months has been found to save cost in the overall care of patients suffering from musculoskeletal problems. Therefore, the request for physical therapy/hydrotherapy twice a week for four weeks is medically necessary and appropriate.