

<b>Case Number:</b>	CM13-0057354		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 58-year-old female who reported an injury on 10/17/2008. The mechanism of injury was not provided in the medical records. Her symptoms included low back pain. Active range of motion of the lumbar spine revealed flexion 26 degrees, and extension 10 degrees. The injured worker was diagnosed with lumbar sprain. Past medical treatment included aquatic therapy and oral medications. On 10/24/2013, requests for [REDACTED] exercise ball and aquatic therapy were made; the [REDACTED] ball was requested to allow the injured worker to perform a self-guided home exercise program; however, the rationale for aquatic therapy was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] EXERCISE BALL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Exercise Page(s): 46-47.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and

strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The documentation submitted for review indicated the request for a [REDACTED] ball would allow the injured worker to perform a self-guided home exercise program. However, the documentation failed to provide a rationale as to why the injured worker is unable to continue the home exercise program without the use of a [REDACTED] exercise ball. As the MTUS Chronic Pain Guidelines state, there is no sufficient evidence to support the recommendation of any particular exercise over any other exercise regimen, and as the documentation failed to provide a rationale for the need for a [REDACTED] exercise ball, the request is not supported. Given the above, the request is not medically necessary and appropriate.

**AQUATIC THERAPY TWO TIMES A WEEK FOR FOUR WEEKS (2X4): Upheld**

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, aquatic therapy is an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. Guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis 8 to 10 visits. The documentation submitted for review indicated the injured worker has had previous aquatic therapy sessions. In the absence of details regarding the previous aquatic therapy treatments, such as the number of visits completed, duration of treatment, and evidence of measurable objective functional gains made throughout those aquatic therapy sessions, the request for additional aquatic therapy is not supported. Given the above, the request is not medically necessary and appropriate.