

<b>Case Number:</b>	CM13-0059811		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/06/2003
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and Rehabilitation, has a subspecialty in Sports 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 48-year-old female who reported injury on 01/06/2003. The mechanism of injury was not provided. The documentation of 10/28/2013 revealed the injured worker had tenderness to palpation over the paraspinal muscles with mild spasms. The injured worker had a straight leg raise test that elicited radicular complaints. The lumbar range of motion was decreased. The diagnoses included status post anterior lumbar fusion at L4-5 in 02/2008 and left foot drop secondary to surgery. The request was made 8 sessions of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 AQUATIC THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 78, 93.

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

**Decision rationale:** California MTUS Guidelines recommend aquatic therapy when there is a need for reduced weight-bearing. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits. The clinical documentation submitted for review indicated the worker was

injured in 2003. There was a lack of documentation of prior conservative treatment that had been provided and the injured worker's response to the therapy. The request as submitted failed to indicate the body part be treated with aquatic therapy. Additionally, it failed to indicate the need for reduced weight-bearing. Given the above, the request for 8 aquatic therapy sessions is not medically necessary.