

<b>Case Number:</b>	CM13-0067221		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 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:

According to the records made available for review, this is a 28-year-old male with an 11/4/09 date of injury. At the time of request for authorization for one year of aquatic therapy at [REDACTED] there is documentation of subjective (improving back pain) and objective (tenderness across the lower abdomen and tingling in the left lateral thigh) findings, current diagnoses (lumbago, L4-5 and L5-S1 instability, and L5-S1 left sided disc protrusion), and treatment to date (aquatic therapy). There is no documentation of the number of aquatic therapy visits completed to date, objective improvement with previous treatment, an indication for which reduced weight bearing is needed (extreme obesity), and the number of visits requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one year of aquatic therapy at [REDACTED]:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity), as

criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those, as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of diagnoses of lumbago, L4 -5 and L5-S1 instability, and L5-S1 left sided disc protrusion. In addition, there is documentation of previous aquatic therapy visits. However, there is no documentation of the number of aquatic therapy visits completed to date, objective improvement with previous treatment, and an indication for which reduced weight bearing is needed (extreme obesity). In addition, given documentation of the requested one year of aquatic therapy, there is no documentation of the number of visits requested. Therefore, based on guidelines and a review of the evidence, the request for one year of aquatic therapy at [REDACTED] is not medically necessary.