

<b>Case Number:</b>	CM13-0069050		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 37 year old male. The date of work injury is 7/7/13. The diagnoses include 1. Lumbosacral strain/sprain secondary to lifting while on work duty, July 7, 2013. 2. Persistent radicular symptoms right lower extremity. There is a request for aquatic therapy. According to the documentation the patient has had 12 land based physical therapy sessions since his injury. There is a document dated 11/8/13 that states that the patient reports that he is doing about the same, as his previous visit, and continues with low back pain that occasionally radiates into the right gluteus. On physical exam there is tenderness to palpation bilaterally about the lumbar paraspinal musculature. Tenderness is, greater on the right and translates down into the right gluteus. There is mild spasm noted on the right side of the lumbar paraspinal musculature. Active voluntary range of motion of the thoracolumbar-spine disclosed the patient could forward flex to 70 degrees. Extension was 25 degrees. Lateral bending was 30 degrees in either direction. The patient was able to heel-and-toe walk across the examining room without difficulty. There was no evidence of any limp or antalgic gait. The straight-leg-raising test was felt to be negative at 70 degrees in the sitting as well as the lying position. The femoral stretch test was negative. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. Quadriceps reflexes were 1-2+ and symmetrical. Achilles reflexes were 0-1+ and symmetrical. No pathologic reflexes were evident. The plan includes requesting aqua therapy and the patient will continue with work restrictions of no weight lifting greater than 15 pounds, no repetitive climbing or twisting, and a six-hour workday max with a 10-minute sit down every hour.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PHYSICAL MEDICINE, AQUATIC THERAPY Page(s): 98-99,22.

**Decision rationale:** Aquatic therapy lumbar is not medically necessary according to the MTUS guidelines. According to the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 physical therapy visits for the employee's condition. The documentation indicates that the employee has already had 12 land based PT visits. There is no clear documentation why the employee needs aquatic over land based therapy. There are no extenuating factors that would warrant additional therapy exceeding that of the MTUS Guidelines. The request for aquatic therapy does not indicate a frequency or duration. The request for aquatic therapy, lumbar is not medically necessary.