

<b>Case Number:</b>	CM13-0070404		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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, has a subspecialty in Interventional Spine 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 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 patient is a 58 year old female with an injury date on 6/24/09. The 08/09/13 progress report states that the patient has been undergoing physical therapy; however, there is no indication of how many sessions the patient has had, the time frame of these sessions, or the impact the physical therapy had on the patient. [REDACTED] is requesting for aqua therapy for the lumbar spine and bilateral wrists and hands. The utilization review determination being challenged is dated 12/04/13 and recommends denial of the aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUA THERAPY FOR THE LUMBAR SPIINE, BILATERAL WRIST AND HAND:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

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

**Decision rationale:** MTUS states that 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. In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of how the physical therapy the patient has already had impacted the patient nor is there any reasoning as to why the patient is unable to tolerate land-based therapy. Therefore, the request is not medically necessary.