

<b>Case Number:</b>	CM13-0071986		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/09/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and Pain Management 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 30 year old female with an injury date of 08/09/09. Based on the 09/17/13 progress report provided by [REDACTED], the patient complains of pain in the back, right hip, and thighs. The 12/12/13 report by [REDACTED] states that the patient had a positive straight leg raise test on the right. She has tenderness and some slight spasm in the paralumbar region. The patient's diagnoses include the following: history of right hip strain with a possible labral tear; history of lumbosacral strain superimposed upon degenerative disc disease and disc bulge at L4-L5; and severe nonindustrial physical deconditioning (5'8" tall and weighs 422 pounds).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT ADDITIONAL AQUATIC THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO LOW BACK:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY; PHYSICAL MEDICINE, 22; 98-99.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines 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, the patient is morbidly obese, has a BMI of 64.2. Therefore the request for additional aquatic therapy twice a week for four weeks is medically necessary and appropriate.