

<b>Case Number:</b>	CM14-0002320		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/01/2005
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational Medicine 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:

This is a 40-year-old female with a 7/14/03 date of injury. The exact mechanism of injury has not been described. On 11/6/13, she was seen for a follow-up appointment. She had bilateral wrist and hand pain, and is s/p bilateral carpal tunnel release. She also states she has not had physical therapy to her lower back. Objective exam, there is tenderness to the paralumbar muscles with restricted ROM, and a positive straight leg raising test. Diagnostic Impression: bilateral carpal tunnel syndrome, lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY (3X4) FOR LOWER BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 22.

**Decision rationale:** CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there is no documentation that the patient was unable to tolerate traditional land-based physical therapy.

There is no discussion provided regarding difficulty weight-bearing or obesity. This patient has had physical therapy previously, and it is unclear why aqua therapy is being requested at this point. It is also unclear how many physical therapy sessions she has had previously, and if she gained any functional improvement from the prior sessions. Therefore, the request for Aqua Therapy (3x4) for the lower back was not medically necessary.