

<b>Case Number:</b>	CM14-0101363		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Family Practice and is licensed to practice in Texas & Mississippi. 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 injured worker is a 63-year-old male who reported an injury on 01/16/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included status post knee replacement, knee degenerative osteoarthritis, degenerative disc disease, lumbar spine. The previous treatments included medication and surgery. Within the clinical note dated 01/07/2014, it was reported the injured worker complained of back pain. Upon the physical examination, the provider noted the injured worker moved slowly with a well healed midline surgical incision associated with tenderness. The request submitted is for aqua therapy. However, a rationale is not submitted for clinical review. The Request for Authorization is not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 3x4 low back QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 58.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend aquatic therapy as an optional form of exercise, where available, as an alternate to land based therapy and those individuals in whom reduced weight bearing is desirable. There is a lack of documentation indicating the injured worker has a condition for which reduced weight bearing would be desirable. There is a lack of documentation of motor deficits of the lower extremities. The number of sessions requested exceeds the guideline recommendations. Therefore, the request is not medically necessary.