

<b>Case Number:</b>	CM14-0109275		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Neurological Surgery 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 records, presented for review, indicate that this 56 year old female was reportedly injured on May 8, 2013. The mechanism of injury undisclosed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the surgical incisions to be healing well. The wound was covered with steri-strips, and no other findings reported. Diagnostic imaging studies objectified the position of the fusion mass of hardware. Previous treatment included lumbar fusion surgery. A request was made for postoperative aquatic therapy and was not certified in the preauthorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Water Therapy, 2 times a week for 4 weeks, Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic, Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22 of 127.

**Decision rationale:** It is noted that the injured employee has recently undergone a lumbar fusion procedure. It is also noted that the injured employee can attend land based therapy and has been directed to do so. As noted in the Medical Treatment Utilization Schedule (MTUS), this is an optional form of therapy, this is only to be pursued to minimize the effects of gravity. As the treating surgeon has fully established that gravity is not an issue relative to the postoperative rehabilitation, there is no clinical indication to establish the medical necessity of aquatic therapy occurring at the same time. This request is not medically recommended.