

<b>Case Number:</b>	CM14-0011235		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Physical Medicine & Rehabilitation 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 55-year-old male patient with a 3/30/10 date of injury. An 11/15/13 progress report indicates light to moderate neck pain, aggravated by physical activity, and significantly improved low back pain, the patient reports that his current medication regimen controls his low back pain. The physical exam demonstrates cervical tenderness, unremarkable upper extremity neurologic findings, slight incision site tenderness over her lumbar spine and unremarkable lower extremity neurologic findings. The treatment to date has included lumbar decompression at L3-4, L4-5, and L5-S1 on 8/7/12, lumbar hardware removal on 7/16/13, medication, and activity modification. There is documentation of a previous 1/16/14 adverse determination for lack of defined functional remaining deficits and no need for reduced weight-bearing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY, DAILY AT A GYM OR ██████████ QTY: 1.00:** Upheld

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

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

**Decision rationale:** The California 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, the patient's complaints have mostly resolved following hardware removal. Specific residual functional deficits were not documented. There is no evidence of indications for reduced weight bearing, and it is not established that land-based physical therapy or exercise would be insufficient. Therefore, the request for aquatic therapy, daily at a gym or [REDACTED] was not medically necessary.