

<b>Case Number:</b>	CM14-0015546		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 71 year old female with a date of injury of 10/14/11, who complains of low back pain with radiation into the left leg. The record demonstrates the injured worker also has pain in the right shoulder, status post arthroscopic surgery on 2/14/12. It is noted the injured could not take Tramadol due to upset stomach. Nucynta 50mg every 8 hours as needed was prescribed instead. Paxil is prescribed and documented for depression. The injured's medical history includes hypertension and diabetes mellitus. The injured has tried and failed lumbar epidural and facet injections. The record demonstrates the injured is obese and unable to stand more than 15 minutes. Aquatherapy was prescribed and completed in the past which was helpful in eliminating the pain. The injured worker recently graduated a Functional Restoration Program (FRP). MRI has revealed L4-5 facet arthropathy and biforaminal disc protrusion. An electromyograph (EMG) revealed left L5 radiculopathy. A physical exam revealed spasm and guarding in the lumbar spine. Motor and sensory exam were normal. The injured worker is diagnosed with Lumbar spondylosis and bilateral L5 radiculopathy, Interal derangement of the right shoulder, status post surgery, depression / anxiety and somatic preoccupation. Twelve sessions of aquatherapy was previously requested and approved by Utilization Review on 1/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF AQUATIC THERAPY:** 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 Page(s): 22.

**Decision rationale:** As per CA MTUS Guidelines, "aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity or in osteoarthritis. Guidelines mainly refer to knee osteoarthritis in a very obese patient. In this case, there is no diagnosis of knee osteoarthritis and there is no indication as to why this patient is unable to participate in a land-based physical therapy program. Furthermore, six sessions of aquatherapy was previously approved; however, there is no record of any functional gain or improvement in the objective measurements such as pain level, range of motion or strength. Therefore, the medical necessity of the requested service cannot be established at this time.