

<b>Case Number:</b>	CM14-0016384		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Orthopedic 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 patient is a 64 year old woman post injury on 11/26/02. Complaints of low back pain with radiation to left greater than right lower extremity persist post lumbar decompression in January of 2013. Physical therapy is noted to have been provided prior and subsequent to lumbar decompression surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY 2 X 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,

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

**Decision rationale:** The patient received physical therapy (land based) before and after lumbar decompression surgery in January of 2013. The guidelines note that aquatic therapy is a reasonable alternative to land based therapy, but the guidelines do not substantiate aquatherapy in addition to the land based therapy. Medical necessity for aquatic therapy is thus not

substantiated by the guidelines and approval cannot be recommended based on this lack of substantiation.