

<b>Case Number:</b>	CM14-0153886		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of April 9, 2009. A utilization review determination dated August 25, 2014 recommends noncertification for on aquatic therapy pool membership. A progress report dated July 31, 2014 identifies subjective complaints indicating that the patient is "somewhat improved since aquatic therapy." He now has no leg pain only low back pain. Physical examination is "unremarkable." Diagnosis is status post bilateral L-2 to L5 interlaminar decompression. The treatment plan recommends Voltaren and an aquatic membership. A physical therapy treatment note dated July 22, 2014 states that the patient is able to exercise without flaring of the low back in the pool and would therefore benefit from joining the pool for ongoing strength and unloading.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy pool membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127, Page 46-47 of 127.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Low Back Chapter, Gym Memberships

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the physician is overseeing the aquatic exercise program. Furthermore, the physician progress reports do not identify any remaining objective functional deficits which are to be addressed with the aquatic exercise program. Finally, there is no statement indicating why a reduced weight bearing environment would be preferable for this patient. It seems that the treatment goal is to improve strength and endurance which could be more successfully accomplished with land-based therapy. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.