

<b>Case Number:</b>	CM14-0165037		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/18/1999
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 52 year old female with a date of injury on 5/18/1999. As per 9/17/14 report, she presented with severe and worsened back pain radiating into the legs. An exam revealed ambulation with a walker, some tightness in the low back to palpation, positive straight leg raising (SLR) on the right at 90 degrees sitting, and weakness in the right hip with 4/5 strength in right ankle dorsiflexion and right hip flexors. X-rays, 2 views, of the thoracic spine showed a solid fusion at T11-12. Magnetic resonance imaging (MRI) from July 2014 revealed some degenerative changes throughout the spine with stenosis, most severe at L4-5. She is status post thoracic fusion at T11-T12 one year ago. She is currently on Norco. She had one epidural back in the summer and this was helpful to her with about 70% relief for 6 weeks and then the symptoms returned. She previously had 12 aquatic therapy sessions and she finds the therapy helpful. Physical therapy twice a week for 6 weeks was recommended as a combination of 6 visits of aquatic and 6 visits of land-based therapy. Diagnoses include herniated nucleus pulposus at T11-12 with thoracic myelopathy, status post thoracic fusion, T11-12 and L4-5 broad based disk protrusion. The request for 12 aquatic/land therapy sessions with the treating provider between 9/17/2014 and 11/23/2014 was modified to 6 land therapy sessions on 10/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Aquatic/land therapy session with [REDACTED] between 9/17/2014 and 11/23/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** As per California Medical Treatment Utilization Schedule (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 (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Guidelines recommend 3-4 visits per week with documented evidence of functional improvement in the first two weeks for additional visits. California Medical Treatment Utilization Schedule (MTUS) Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the medical records do not indicate that weight bearing reduction is desired in this injured worker. The injured worker has had 12 aquatic therapy visits; however, there is no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion [ROM]). Furthermore, the injury is very old and the injured worker has had physical therapy in the past; at this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the medical necessity of the request cannot be established per guidelines.