

<b>Case Number:</b>	CM14-0166622		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 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 49-year-old male with a date of injury of 4/29/10. The industrial-related injury occurred when the patient was working on a ladder, and when the ladder jerked, the patient strained his back. The industrially-related diagnoses include lumbago, sciatica, lumbar sprain/strain, and L4-S1 herniated disc. The patient had 27 sessions of physical therapy dating from 12/2013 to 4/2014. The patient also had decompression, discectomy, and posterior fusion at L4-S1 on 8/21/2013. The disputed issue is a request for aquatic therapy for 12 sessions. A utilization review determination on 9/22/2014 had noncertified this request. The patient has previously been approved for aquatic therapy in 5/2014; however, the patient did not receive this treatment according to the submitted documentation. The stated rationale for the denial was since the patient has functional improvement from physical therapies, the request for aquatic therapy is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy x 12 visits:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state the following regarding aquatic therapy on page 22: "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. For recommendations on the number of supervised visits, see Physical medicine. 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." This injured worker has documentation of being able to perform land-based physical therapy with improvement of pain and function. There is no documentation of extreme obesity or other extenuating factors which would warrant aquatic therapy. The progress note from 5/2014 did not document height and weight. Therefore, there is no clear rationale for the need for aquatic therapy. This request is not medically necessary.