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| <b>Case Number:</b>   | CM14-0167532 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 07/18/2012 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 10/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/10/2014 |

### 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 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:

This is a patient with a date of injury of 7/18/12. A utilization review determination dated 10/3/14 recommends non-certification of continued aqua therapy. It referenced a 9/23/14 medical report identifying low back, neck, left leg, and left ankle pain. On exam, there was tenderness. Recommendations included continued aqua therapy x 18 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Aqua Therapy, 1-2x/wk 6 wks, QTY: 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back - Lumbar & Thoracic (Acute & Chronic) Aquatic therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 22, 98-99

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines support up to 10 sessions 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. Within the documentation available for review, there is no documentation of objective

improvement from prior sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal aquatic therapy. Additionally, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, the request exceeds the amount of sessions recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy is not medically necessary.