

<b>Case Number:</b>	CM14-0169889		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/25/2005
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational 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:

According to the records made available for review, this is a 52-year-old male with a 1/25/02 date of injury. At the time (10/9/14) of decision for Aqua therapy (twice a week for six weeks), there is documentation of subjective (left shoulder pain) and objective (decreased range of motion of the left and right shoulders, decreased range of motion of the low back) findings. The current diagnoses are discogenic low back pain, spondylolisthesis of L1 over L2, chronic knee pain, bilateral shoulder pain, and status post tight sacroiliac joint fusion. The treatment to date includes physical therapy, chiropractic treatments, aquatic therapy, and medications. The number of previous aquatic treatment cannot be determined. Medical reports identify that the patient is benefiting from aquatic therapy. There is no documentation of reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous aquatic therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy (twice a week for six weeks):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98; 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic low back pain, spondylolisthesis of L1 over L2, chronic knee pain, bilateral shoulder pain, and status post tight sacroiliac joint fusion. However, the number of previous aquatic treatment cannot be determined and given a request for 12 sessions, the requested sessions exceed guidelines. In addition, there is no documentation of reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Furthermore, despite documentation that the patient is benefiting from aquatic therapy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous aquatic therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Aqua therapy (twice a week for six weeks) is not medically necessary.