

<b>Case Number:</b>	CM14-0177368		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	07/26/2000
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine and is licensed to practice in Louisiana. 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 57-year-old male who reported injury on 07/26/2000. The mechanism of injury was not provided. The documentation of 09/19/2014 revealed the injured worker had paraspinal musculature pain and the straight leg was positive on the right with pain radiating to the left lumbar region. There was paraspinal tenderness greatest on the left. The injured worker underwent an MRI of the right shoulder which the physician documented demonstrated mild productive changes at the AC joint with supraspinatus tendinosis. The injured worker underwent a cervical MRI which revealed central disc protrusion at C2-3 with reversal of normal cervical lordosis. The treatment plan included an evaluation by an orthopedic spine surgeon. The documentation indicated the injured worker had reached a plateau in his ability to participate in physical therapy in both aqua and land training. The medications included Soma and Skelaxin as well as Daypro and Percocet. The documentation of 07/11/2014 revealed the injured worker had finished water aerobics and had a flareup. The injured worker indicated that the water therapy had helped reduce the frequency of flareups and improved range of motion. Physical examination revealed the range of motion had improved. Sensory and motor function tested in the lower extremities were intact and symmetric. The assessment was low back pain. The request was made for additional water aerobic sessions. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 x 4 for the lumbar spine: 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 Aquatic Therapy Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone aquatic therapy. The documentation indicated the injured worker had increased range of motion, however, there was a lack of documentation of the objective functional benefit and documentation the injured worker had a necessity for reduced weight bearing. The documentation failed to indicate the quantity of sessions previously attended. The documentation indicated the injured worker had reached a plateau in his ability to participate in physical therapy in both aqua and land training. Given the above, the request for aquatic therapy 2 times 4 lumbar spine is not medically necessary.