

<b>Case Number:</b>	CM14-0030087		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 female patient with the date of injury of January 13, 2012. A utilization review determination dated February 19, 2014 recommended modification of 12 aquatic therapy visits to 6 aquatic therapy visits. An Initial Neurological & Pain Management Evaluation Report dated 2/11/14 identifies Chief Complaints of constant lower back pain that varies from 7-9/10 on a pain scale of 1-10 without medications, with pain, numbness and weakness of bilateral lower extremities, right greater than left, mostly in the big toes. Physical Examination identifies the patient is moderately obese. Decreased cervical spine and lumbar spine ROM. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Diagnostic Impression identifies worsening of pain, numbness and weakness of bilateral lower extremities with absent bilateral knee and ankle jerks, chronic myofascial pain syndrome, and thoracolumbar spine. Treatment Recommendations identifies aquatic therapy exercises 2 x week x 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 AQUATIC THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability GUIDelines (ODG), Low Back Chapter, section on Physical Therapy.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended 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. The ODG recommends a trial of 6 physical therapy sessions, and indicates that if the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient is noted to be moderately obese. Functional deficits are noted. While a 6 visit trial of aquatic therapy may be appropriate for this patient, unfortunately there is no provision to modify the current request. As such, the currently requested 12 aquatic therapy sessions are not medically necessary and appropriate.