

<b>Case Number:</b>	CM14-0032043		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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, and is licensed to practice in Illinois. 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 29-year-old who reported an injury July 26, 2007. The mechanism of injury is not included within the documentation provided. According to the documentation provided, prior treatment included back surgery on August 11, 2007, and medication therapy. The injured worker's diagnoses were noted to be lumbar radiculopathy, postlaminectomy lumbar spine, and esophageal reflux. The injured worker had a clinical evaluation on May 15, 2014 and complained of low back pain, left foot pain, left leg pain with numbness and tingling, and left foot numbness. The orthopedic examination noted general appearance, obese, good grooming and personal hygiene, mental status was normal, mood and affect, alert and oriented x 3. The treatment plan included continuing Soma, Motrin, Zantac, and Zofran, continue ice pack applied to an affected area as needed for pain and swelling, a refill of Vicodin, a urine drug screen test, and the injured worker should continue with home exercise program. The provider's rationale for the requested aqua therapy was not provided within the documentation. The documentation failed to indicate that the injured worker had any functional deficits. The evaluation did not include range of motion values or motor strength numbers tests. The Request for Authorization for medical treatment was dated January 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of aqua therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend aqua therapy 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, the physical medicine guidelines would apply. 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. The clinical evaluation does not indicate the injured worker with extreme obesity. The injured worker does not have a diagnosis of fibromyalgia. The treatment plan in the evaluation on May 15, 2014 was for the injured worker to continue her home exercise program. The guidelines allow physical medicine eight to ten visits over four weeks. The provider's request for twelve sessions is in excess of the guidelines. The request for twelve sessions of aqua therapy is not medically necessary or appropriate.