

<b>Case Number:</b>	CM14-0032250		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/07/2014
<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 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:

The applicant is a represented [REDACTED] employee, who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of March 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties, unspecified amounts of chiropractic manipulative therapy; and work restrictions. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy. The applicant's attorney subsequently appealed. In a clinical progress note dated February 13, 2014, the applicant presented with persistent low back, shoulder pain, and foot pain, it was stated. The applicant stated that she was not overweight, but did have some weakness in her ankle that was limiting her ability to perform weight bearing exercises. The applicant's gait was not formally described in the clinic setting, however. A 12-session course of aquatic therapy was proposed. A rather proscriptive 10-pound lifting limitation was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 3 times a week for 4 weeks to the bilateral ankles, left shoulder and low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that aquatic therapy should be recommended as an optional form of exercise therapy in applicant in whom reduced weight bearing is desirable, as, for instance, those individuals with extreme obesity, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggest referring to page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for recommendations on the number of the visits. In this case, while the attending provider has posited that applicant does have issues weight bearing deficits, which are limiting her participation in land-based therapy and/or land-based exercises, the 12 session course of treatment being proposed here, however, does represent treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and/or myositis of various body parts. No compelling rationale or justification for treatment in excess of the MTUS parameters was provided. Therefore, the request is not medically necessary.