

<b>Case Number:</b>	CM14-0035680		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Surgery, and is licensed to practice in Mississippi. 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 32-year-old male who was reportedly injured on 8/11/2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5/22/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated normal gait without assistive device, lumbar spine positive tenderness to paravertebral muscles bilaterally with straight leg raise positive bilaterally at 45. No recent diagnostic imaging studies were presented for review. Previous treatment included medications to include muscle relaxers, opioids, gabapentin and amitriptyline. A request had been made for aquatic therapy two times a week for six weeks, and was not granted in the pre-authorization process on 3/6/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY TWO TIMES A WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22 of 127.

**Decision rationale:** Aquatic therapy is recommended 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. 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. After review of the medical documentation, the injured worker exhibits no objectionable clinical findings on physical exam that would necessitate the need for aquatic therapy. There are no co morbidities listed that would be associated with the need for aquatic therapy versus land-based therapy. Therefore, this request for additional aquatic therapy is deemed not medically necessary.