

<b>Case Number:</b>	CM14-0037911		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/13/1994
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 65 year old female with a date of injury of 9/13/1994. A review of the medical records indicates that the patient is undergoing treatment for lumbar disc herniation with radiculopathy. Subjective complaints include continued pain in the lumbar spine, bilateral knees, and right hip. Objective findings include decreased range of motion in the lumbar spine, positive straight leg raise, and tenderness to palpation along the lumbar para-spinal muscles. Treatment has included past aqua therapy, an ergonomic chair, Norco, Zanaflex, Motrin, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy twice a week for six weeks: lumbar spine, right hip, bilateral knees and left shoulder:** 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 MTUS Chronic Pain Guidelines recommend aqua therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended

where reduced weight bearing is desirable, for example extreme obesity. Per the medical records submitted and reviewed, there is nothing to suggest that the employee has failed land based therapy. Additionally, it is noted in the record that the employee had some number of aqua therapy visits in the past, but it is unknown how many or what functional benefits were obtained from those visits. As such, the request is not medically necessary and appropriate.