

<b>Case Number:</b>	CM14-0038625		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/04/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 34 year-old male with a date of injury of 9/4/2011. The mechanism of injury was described as a twisted ankle while playing basketball. The patient has been diagnosed with lumbosacral strain/sprain, bilateral knee pain and bilateral ankle sprain. The patient's treatments have included surgery on the ankle, chiro therapy, and and medications. The physical exam findings, dated 2/17/2014 show the lumbar spine exam to include tenderness over L3, L4, L5 and S1 posterior spinous processes. There is also tenderness to palpation noted in the paraspinal muscles bilaterally. Lumbar mobility is noted as limited. There is no focal or motor sensory deficit in the lower extremities. There were no back complaints at the initial time of injury, only ankle injury noted. The patient's medications have included, but are not limited to, Estradiol, Folic Acid, Gabapentin, Leucovorin, Methotrexate, Prednisone, Remicade and Vicodin. The request is for Aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbar spine 12 visits (2x/wk x 6wks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is no indication for therapy for the back. It is also not stated why regular therapy would not be indicated for the back. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is not indicated as a medical necessity to the patient at this time.