

<b>Case Number:</b>	CM14-0041409		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 48-year-old female with a date of injury of 08/26/2008. The medical file provided for review includes 1 progress report from 03/11/2014. This report indicates the patient has a flareup of lower back pain. The patient also complains of bilateral knee pain. Examination revealed limping gait and Minor's sign present. There is a decrease of range of motion of 50% or more and there is an increase of lumbar spasm. The treating physician recommended patient continue with medications that were prescribed by [REDACTED]. He requests 6 aqua therapy sessions for the lower back pain which have been beneficial in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six aqua therapy visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Sections Page(s): 22 MTUS pgs 98,99).

**Decision rationale:** The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS page 98 and 99 under physical medicine recommends 9 to 10 sessions for various myalgia and myositis-type symptoms. The medical file provided for review includes 1 progress report. There is no indication of how many prior sessions the patient has received. Given the patient's flareup of low back pain, complaints of bilateral knee pain, and obesity, a short course of 6 aqua therapy sessions may be indicated. The request is thus medically necessary.