

<b>Case Number:</b>	CM14-0046432		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/04/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 patient is a 65-year-old male who has submitted a claim for lumbar spine herniated nucleus pulposus, status post right knee surgery, and left knee internal derangement associated with an industrial injury date of June 4, 2011. Medical records from February 2014 through March 2014 were reviewed, which showed that the patient complained of persistent low back pain and bilateral knee pain. Physical examination of the lumbar spine revealed tenderness over the spinous processes at the levels of L1 through L5. There was joint stiffness noted. There was limited and painful range of motion. Examination of the bilateral knees revealed tenderness over the medial and lateral peripatellar areas. There was noted stiffness of the knee joints. Treatment to date has included epidural steroid injections, and medications, which include Hydrocodone/APAP 7.5/325mg, Diclofenac 100mg, Omeprazole 20mg and Methoderm. Utilization review from March 31, 2014 denied the request for Aquatic Therapy 2 x Wk x 4 Wks Lumbar spine because the record review did not reveal findings of significant obesity or body habitus issues that would support the need 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 2x Week x 4 Weeks, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Aquatic Therapy Section Page(s): 22 & 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity or fractures of the lower extremity. Moreover, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. In this case, the patient has not previously had aquatic therapy however, there was no documented medical necessity established indicating the need for aquatic therapy, or evidence that the patient was unable to tolerate land-based therapy. Furthermore, the patient's body habitus, weight, BMI, and evidence of lower extremity fracture were not included in the records for review. Aquatic therapy is also seldom necessary and there is little support for its use for back pain. Furthermore, there was no documented medical necessity established indicating the need for aquatic therapy. Guideline recommendations for aquatic therapy were not met. Therefore, the request for Aquatic Therapy 2x Week x 4 Weeks, Lumbar Spine is not medically necessary.