

<b>Case Number:</b>	CM14-0062607		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/21/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 & Rehabilitation, 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:

This is a 67-year-old female with a date of injury of 2/21/09. Mechanism of injury is not disclosed in the submitted medical records. This patient had a lumbar spine injury with chronic symptoms managed by the PTP, who appears to be an orthopedic specialist. The patient presents with a history of right humerus fracture on 3/16/04 secondary to a non-industrial accident. As a result, she presents in recent follow-up with increased pain symptoms, and a course of aqua therapy is requested to address the flare. This was submitted to Utilization Review with an adverse decision rendered on 4/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy Aquatic therapy 2 times a week times 4 weeks lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 22.

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

**Decision rationale:** Aquatic therapy is an optional form of exercise therapy recommended by guidelines as an alternative to land-based PT, where the aquatic environment that minimizes the effect of weight bearing would be desirable. This patient has an increase in pain symptoms. A

short course of aquatic therapy is reasonable to address this. Aquatic therapy 2 times a week times 4 weeks for the lumbar spine is medically necessary.