

<b>Case Number:</b>	CM14-0063834		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 and is licensed to practice in Illinois. 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 injured worker is a 34-year-old female who reported an injury on 03/30/2013. The mechanism of injury was not provided. On 04/05/2014 the injured worker presented with low back pain radiating to the left leg, associated with numbness, and occasionally in the foot. Upon examination, there was tenderness to palpation to the lumbar paraspinal muscles. There was intact sensation to light touch in the bilateral lower extremities. The EMG/NCV performed on 04/05/2014 of the bilateral lower extremities did not reveal any electromyographic abnormalities. The diagnoses were chronic musculoligamentous sprain/strain of the thoracic and lumbar spine, lumbar radiculitis, sciatic neuritis and chronic myalgia. Prior therapy included medications. The provider recommended aquatic therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatherapy 2 Times a Week for 3 Weeks:** Upheld

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

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

**Decision rationale:** The request for aqua therapy 2 times a week for 3 weeks is not medically necessary. The California MTUS state that aquatic therapy is an optional form of exercise therapy where available, and as an alternative to land based physical therapy. Aquatic therapy minimizes the effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend up to 10 visits of aquatic therapy for up to 4 weeks. There is lack of documentation that the injured worker is recommended for reduced weight bearing exercise. The amount of previous aquatic therapy visits and the efficacy of the aquatic therapy visits were not provided. Additionally, the provider's request does not indicate the site that the aquatic therapy is indicated for in the request as submitted. As such, the request is not medically necessary.