

<b>Case Number:</b>	CM14-0064491		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old female was reportedly injured on October 20, 2012. The mechanism of injury is noted as lifting a patient. The most recent progress note, dated March 18, 2014, indicates that there are ongoing complaints of low back pain. Current medications are stated to include ibuprofen and Skelaxin. The physical examination demonstrated an antalgic gait and guarded lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes cognitive behavioral therapy. A request had been made for three sessions of water therapy and three sessions of a home exercise program and was not certified in the pre-authorization process on March 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Therapy x3 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity

and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the claimant is unable to participate in land-based physical therapy. As such, this request for Water therapy x3 sessions is not medically necessary.

**Home Exercise program x 3 sessions-low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** According to the report from a psychological interview, prompting was indicated for the injured employee to participate in a home exercise program. As a home exercise program is a self initiated and self-paced program, it is unclear what is needed in this request for three sessions of a home exercise program for the lower back. Without additional clarification and justification, this request for a home exercise program x 3 sessions for the lower back is not medically necessary.