

<b>Case Number:</b>	CM14-0071643		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Georgia. 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 54 year old female who was injured on 08/19/2010. The mechanism of injury is unknown. Follow-up report of a primary treating physician dated 03/26/2014 states the patient continued with lumbar spine pain radiating into the lower extremities with pain, paresthesia, and numbness. On exam, she had tenderness, guarding and spasm noted in the paravertebral muscle of the lumbar spine with loss of range of motion. There was decreased sensation as well in the S1 dermatomes bilaterally. She had diagnoses including lumbar region strain/sprain, enthesopathy of hip, and lumbosacral radiculopathy. She was recommended to continue to be treated conservatively. It was noted that the patient was approved for 12 sessions of aqua therapy but the patient declined to go as she felt she was doing well with medication management and physical regimen. On note dated 04/13/2014, it is noted that the patient attended her 12 sessions of aquatic therapy and stated they provided her relief of her symptoms and reduced her pain and increased her functional capacity as well as decreased the need for oral medication. Therefore, a request is being resubmitted for unknown sessions of aqua therapy. Prior utilization review dated 04/29/2014 stated that a nurse case management note indicated the patient had been authorized 12 sessions of aquatic therapy visits on 3/11/2014. The request for aquatic therapy was denied as the documentation provided does not support any functional improvement or significant functional deficits at this time to support the need for additional therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Aquatic therapy and Physical Therapy.

**Decision rationale:** The CA MTUS and Official Disability Guidelines (ODG) recommend aquatic therapy as an optional form of exercise therapy as an alternative to land-based physical therapy specifically recommended where reduced weight bearing is desirable. The ODG notes specifically that weightless running may be advantageous in back pain recovery, citing a randomized controlled trial (RCT) which concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise. In regards to recommended number of supervised visits, ODG references the physical therapy guidelines, which recommend 10 visits over 8-weeks for lumbar sprains and strains, 9 visits over 8-weeks for more generalized lumbago. ODG also recommends fading of treatment frequency, with inclusion of active self-directed home PT. The medical records indicate the patient was previously approved for aquatic therapy on 3/11/2014, initially declining however eventually completing 12 sessions of aquatic therapy with the patient reporting improved function, improved ability to perform activities of daily living, and decreased need for oral medications. Based on the MTUS and ODG guidelines and criteria, and given the patient has already exceeded the recommended number of PT visits per clinical documentation referenced above, the request is not medically necessary.