

<b>Case Number:</b>	CM14-0073762		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/21/2005
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, has a subspecialty in Pain Management 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 patient with a date of injury of 11/21/05. A utilization review determination dated 4/16/14 recommends non-certification of aquatic therapy. The patient was noted to have been participating in an aquatic therapy program for an unknown duration. 3/12/14 medical report identifies pain 4/10. Hydrocodone decreases pain by 50%. Butrans was stopped secondary to CNS (Central Nervous System) effects. Patient started pool therapy and he feels increased ROM (range of motion). On exam, he ambulates with cane in right hand. Positive myofascial triggers at bilateral paravertebral L4 and L5, SLR (straight leg raise) positive bilaterally at 60 degrees, sensation decreased in bilateral posterior thighs. ROM is 45 flexion, 10 extension, right lateral 10, and left lateral 15. 12/18/13 medical report identifies flexion 45 degrees, extension 10, right lateral 10, and left lateral 15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for lumbar spine times 12 visits:** 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 and Physical Medicine Page(s): 22, 98-99 OF 127.

**Decision rationale:** Regarding the request for Aquatic Therapy for lumbar spine times 12 visits, Chronic Pain Treatment Guidelines support up to 10 sessions of aquatic therapy as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than land-based therapy/exercise. Furthermore, there is no indication of significant functional improvement from the previous aquatic therapy sessions, and the patient's range of motion is noted to be the same as prior exam findings. Finally, the proposed amount of sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Aquatic Therapy for lumbar spine 12 visits is not medically necessary.