

<b>Case Number:</b>	CM14-0074603		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 injured worker is a 56-year-old male who was reportedly injured on February 16, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 24, 2014, indicated that there were ongoing complaints of low back pain with no noted improvement. The physical examination demonstrated an individual in no distress, did not appear sedated, and there was significant muscle spasm in the paraspinous musculoskeletal lumbar region of the spine. A decrease in lumbar range of motion was reported; however, strength was noted to be 5/5. Straight leg raising was negative. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, job restrictions, and other conservative interventions. A request was made for aquatic therapy total visits 12 lumbar and was not certified in the pre-authorization process on April 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy visits for the lumbar two (2) times a week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, last updated 3/31/14.

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

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, aquatic therapy is alternative to land-based physical therapy. However, the progress notes presented for review did not indicate that more conventional land-based therapies cannot be employed. Furthermore, when noting the date of injury, and the injury sustained, there is no narrative presented as to why a home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and maximum flexibility could not be employed. Therefore, based on the clinical information presented for review and by the parameters noted in the California Medical Treatment Utilization Schedule, this is not medically necessary.