

<b>Case Number:</b>	CM14-0078298		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 45-year-old gentleman who was reportedly injured on September 27, 2011. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated May 28, 2014, indicates that there are ongoing complaints of low back pain. No physical examination was performed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery, physical therapy, aquatic therapy and home exercise. There has also been the use of an H wave unit, and multiple epidural steroid injections. A request was made for 28 visits of water therapy and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Therapy 28 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar and Thoracic, Physical Therapy, Updated August 22, 2014.

**Decision rationale:** A review of the medical record indicates that the injured employee is obese and may very well benefit from aquatic therapy. However the Official Disability Guidelines Would recommend 10 visits of therapy for the injured employee's condition. As this request is for 28 visits, this request for 28 visits of water therapy is not medically necessary.