

<b>Case Number:</b>	CM14-0095638		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Illinois. 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 female who reported an injury on 09/16/2011. Her previous treatment has included physical therapy, chiropractic treatment, and massage therapy. The request for authorization was submitted on 05/27/2014. On 05/23/2014, the injured worker was seen for physical therapy and was noted to have completed 4 physical therapy sessions for lumbar stabilization and core strengthening. The mechanism of injury was cumulative trauma. Her diagnoses are listed as lumbago and lumbosacral neuritis. The injured worker was noted to have active flexion to 75% of normal, extension to neutral, bilateral lateral flexion limited to 50% of normal, and bilateral rotation to 50% of normal. The treatment plan was noted to include continued physical therapy to gain more core strength, allow better tolerance to positioning, and increase function. The treatment goals were noted to include a home exercise program, aquatic therapy, gait and balance training, and lumbar spine stability training on an underwater treadmill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy 2 x 6 weeks for lumbar spine:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy may be recommended as an alternative to land based therapy when reduced weight bearing is desired. Aquatic therapy, as with other physical medicine, is recommended up to 10 visits in the treatment of unspecified myalgia and myositis to promote functional gains. The clinical information submitted for review indicated that the injured worker has range of motion deficits in the lumbar spine and was noted to have had improvement with her previous physical therapy visits. However, documentation with measurable objective range of motion and motor strength values was not provided from prior to her recent physical therapy visits in order to establish objective functional gains. In addition, the documentation failed to provide a significant rationale for reduced weight bearing activity over land based therapy at this time. In addition, the request for visits 2 times a week for 6 weeks in addition to her previous 4 visits would exceed the guideline recommendation for 10 visits and the documentation did not include exceptional factors to warrant exceptions to the guidelines. For the reasons noted above, the request is not medically necessary.