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| <b>Case Number:</b>   | CM14-0004131 |                              |            |
| <b>Date Assigned:</b> | 02/03/2014   | <b>Date of Injury:</b>       | 07/26/2007 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 12/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: District of Columbia, Virginia  
 Certification(s)/Specialty: Internal Medicine

### 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 60 year old female, who sustained an industrial injury on 7/26/2007. She has reported multiple complaints including neck, upper back, low back, left hip, bilateral leg, right knee and bilateral foot cramps and pain. The diagnoses have included status post removal of lumbar spine hardware, status post bilateral transforaminal lumbar interbody fusion (TILF), status post left hip arthroscopy with decompression, status post right hip surgery, bilateral greater trochanteric bursitis, right knee meniscal tear, and arthritis of bilateral feet. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesics, physical therapy, joint injections, epidural injections, aquatic therapy, and rest with multiple surgical interventions. Currently, the IW complains of low back and leg pain. Physical examination from 11/15/13 documented tenderness and dysesthesias lumbar spine, positive Faber and Patrick's signs left hip, right knee has positive McMurray's sign, tenderness, and crepitus, bilateral feet was significant for generalized weakness and numbness. The plan of care included referral to pain management, orthopedic surgeon, and aquatic therapy. On 12/19/2013 Utilization Review non-certified eight (8) aquatic therapy sessions (twice a week for four weeks), noting the additional number of session added to prior sessions exceeds the recommendations. The MTUS Guidelines were cited. On 1/9/2014, the injured worker submitted an application for IMR for review of eight (8) aquatic therapy sessions (twice a week for four weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 2 times a week for 4 weeks for the Lumbar Spine: 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 Page(s): 22, 47.

**Decision rationale:** Per MTUS: Aquatic therapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)"Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008)Per recommended guidelines, the requested number of therapy sessions is exceeding the guideline recommendation and this would not be medically indicated.