

<b>Case Number:</b>	CM14-0123095		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46 year old woman sustained an industrial injury on 9/17/2013 while reaching up and over to clean a mirror. The worker developed right sided low back pain and leg pain. Evaluations included lumbar MRI on 10/30/2013 showing disc bulges at L4-L5 and L5-S1. Treatment included physical therapy and oral medications. QME notes dated 5/20/2013 show a worker that is unable to walk on her toes and heels. There is loss of normal lumbar lordosis with diffuse muscle guarding, limited lumbar range of motion with increased pain with flexion. Recommendations include epidural steroid injection to L5-S1, right, and aquatic therapy. The worker is currently out of work. On 7/9/2014, Utilization Review evaluated a prescription for aquatic therapy. The UR physician noted that the diagnosis of lumbar radiculopathy is not supported by the worker's presentation, examination, or radiological results. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, aquatic therapy is 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 maybe required to preserve most of these gains. There is no clear evidence that the is obese, has difficulty performing land based physical therapy, or has the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit from aquatic therapy. Therefore, this request is not medically necessary.