

<b>Case Number:</b>	CM14-0139446		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/23/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. 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: California  
 Certification(s)/Specialty: Emergency 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 72 year old male, who sustained an industrial injury on 1-23-2011. Medical records indicate the worker is undergoing treatment for status post right hip fracture with total hip replacement and chronic lumbar pain. The most recent progress report dated 3-10-2014, reported the injured worker complained of low back pain and right hip pain with right leg cramping. Physical examination revealed tenderness to palpation in the paralumbar muscles, right sacroiliac and right trochanteric area. Treatment to date has included unknown number of pool therapy sessions with benefit, approximately 30 sessions of physical therapy and medication management. The physician is requesting Aquatic Therapy x6 sessions. On 8-15-2014, the Utilization Review non-certified the request for Aquatic Therapy x6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy x6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (preface).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** The requested Aquatic Therapy x6 sessions is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that 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." The injured worker has low back pain and right hip pain with right leg cramping. Physical examination revealed tenderness to palpation in the paralumbar muscles, right sacroiliac and right trochanteric area. Treatment to date has included unknown number of pool therapy sessions with benefit, approximately 30 sessions of physical therapy and medication management. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aquatic Therapy x6 sessions is not medically necessary.