

<b>Case Number:</b>	CM14-0188205		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational Medicine, and is licensed to practice in Montana. 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 was injured on 5/29/14 when he fell at work. This resulted in complaint of pain in the neck, mid back, and lumbar area, with myalgias. Treatment has included 12 visits to physical therapy, home exercise program, medications, acupuncture and light duty. His current diagnoses are cervical strain/sprain, thoracic strain/sprain, myalgias and lumbar disc herniation/annular tear. The primary treating physician has requested aquatic therapy for the lumbar spine 2 times per week for 4 weeks. The Utilization Review of 11/4/14 did not certify this request since there was no documentation of requirement for reduced weight bearing therapy. The primary treating physician has provided additional documentation on 11/11/14 noting that his MRI has shown an annular tear at L5-S1. He is requesting aquatic therapy to decrease the stress of gravitational forces on that disc with therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy: 2 x week for 4 weeks(lumbar spine):** Overturned

**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.

**Decision rationale:** The MTUS notes 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. 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) With the additional documentation by the primary treating physician I am reversing the prior Utilization Review decision. The request for aquatic therapy for the lumbar spine 2 times per week for 4 weeks is consistent with the MTS guidelines and is medically necessary.