

<b>Case Number:</b>	CM14-0206346		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 (IW) is a 52-year-old-woman with a date of injury of November 14, 2013. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are cervical, thoracic, and lumbar spine strain/sprain; lumbar spine radiculopathy with discopathy; and right hip sprain. There are 2 Primary Treating Physician Progress Reports (PR-2) in the medical record. The first dated April 10, 2015, and the most recent dated May 1, 2014. Pursuant to the May 1, 2014 PR-2, complains of low back pain, and right hip pain with numbness. Current medication is Norco 10/325mg. Objective findings include cervical spine tenderness with muscle spasms at C2-C7. The lumbar spine was tender with muscle spasms at L1-L5. There was also right hip tenderness on range of motion. The treatment plan includes physical therapy twice a week for 4 weeks, acupuncture twice a week for 4 weeks, and return to clinic on May 22, 2014. There were no other progress notes in the medical record. There were no PT notes in the medical record. There was no evidence of objective functional improvement associated with prior PT. It is unclear as to how many PT sessions the IW has had to date. The current request is for aquatic therapy 3 X 6 to the lumbar spine and re-evaluation. There was no clinical documentation in the medical record from the provider who submitted the request for aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 3 x 6 lumbar spine and re-evaluation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Aquatic Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy three times a week times six weeks of the lumbar spine and reevaluation not medically. Aquatic therapy is recommended as an optional form of therapy, were available as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, specifically recommended where reduced weight-bearing is desirable. In this case, a progress note dated May 1, 2014 by the primary treating physician indicated the injured worker's working diagnoses are cervical/thoracic/lumbar spine sprain/strain; lumbar spine radiculopathy and discopathy; and right hip sprain. The documentation did not include any discussion regarding aquatic therapy. The treatment plan did discuss physical therapy twice a week for the following four weeks and acupuncture twice a week for the following four weeks. There is no clinical indication by the primary treating physician or clinical rationale indicating the need for aquatic therapy over that of land-based physical therapy. There were no additional progress notes in the record by the primary treating physician. The documentation indicates an orthopedic surgeon requested the aquatic therapy. However, there is no documentation from the requesting orthopedic surgeon. There was no documentation in the medical record with clinical indications or clinical rationale for aquatic therapy. Consequently, absent clinical documentation to support aquatic physical therapy, clinical indications and rationale and progress notes from the requesting physician, aquatic therapy three times a week times six weeks to the lumbar spine reevaluation is not medically necessary.