

<b>Case Number:</b>	CM15-0005665		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/18/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 65 year old male sustained an industrial injury on 4/18/08. Diagnoses include lumbar radiculopathy. He subsequently reports low back pain. Prior treatments include PT, chiropractic care and Tramadol medication. The UR decision dated 12/11/14 non-certified the Aquatic PT 10-12 sessions lumbar spine. The Aquatic PT 10-12 sessions lumbar spine were denied bases of excessive frequency per CA MTUS Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, 10-12 sessions (2 times a week for 5-6 weeks) for the lumbar spine:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient was injured on 04/18/08 and presents with low back pain, right lower extremity pain, and right leg pain. The request is for AQUATIC THERAPY, 10-12

SESSIONS (2 TIMES A WEEK FOR 5-6 WEEKS) FOR THE LUMBAR SPINE. There is a 12/03/14 RFA provided and the patient is to return to modified work duty until 12/31/14. The utilization review denial letter states that "prior aquatic therapy helped him significantly." MTUS Guidelines page 22, Chronic Pain Medical Treatment 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 weightbearing 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." MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the patient has had prior aqua therapy. There is no indication of how many sessions the patient had or when these sessions occurred. There is no discussion provided as to why the patient needs aquatic therapy and could not complete land-based therapy. None of the reports mention if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. Furthermore, the treater is requesting for 10-12 sessions of aquatic therapy, which exceeds what is allowed by MTUS Guidelines. The requested aquatic therapy IS NOT medically necessary.