

<b>Case Number:</b>	CM15-0132848		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: 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 46 year old male, who sustained an industrial injury on 6/08/2009. The injured worker was diagnosed as having lumbosacral neuritis, not otherwise specified. Treatment to date has included diagnostics, injections, spinal fusion surgery, and medications. Per the most recent progress report (5/08/2015), the injured worker reported spinal surgery on 3/17/2015. His pain was under control, noting aching in his back and numbness in his right foot. He had not yet started physical therapy and was advised not to start for three months. He was doing home exercises, such as walking. His body mass index was 30.2%. An updated progress note with a rationale for 16 aquatic therapy sessions for the lumbar spine and lower extremities was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 aquatic physical therapy sessions for the lumbar spine and bilateral lower extremities:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page 22, Postsurgical Treatment Guidelines.

**Decision rationale:** The requested 16 aquatic physical therapy sessions for the lumbar spine and bilateral lower extremities, is medically necessary. CA MTUS Post-Surgical Guidelines, Low Back, Page 26, Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8) note: "Postsurgical treatment (fusion): 34 visits over 16 weeks postsurgical physical medicine treatment period: 6 months." 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 underwent spinal surgery on 3/17/2015. His pain was under control, noting aching in his back and numbness in his right foot. He had not yet started physical therapy and was advised not to start for three months. He was doing home exercises, such as walking. His body mass index was 30.2%. The treating physician has documented criteria for aquatic therapy including post-surgical status and obesity. The criteria noted above having been met, 16 aquatic physical therapy sessions for the lumbar spine and bilateral lower extremities is medically necessary.