

<b>Case Number:</b>	CM15-0148354		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	09/09/2005
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Pain Management, Occupational 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:

This 44-year-old male sustained an industrial injury on 9-09-05. He subsequently reported back and leg pain. Diagnoses include chronic lumbar spine sprain and strain. Treatments to date include MRI testing, foot surgery, carpal tunnel surgery, physical therapy, injections and prescription pain medications. The injured worker continues to have low back and lower extremity pain upon examination, there was antalgic gait. There are diffuse tenderness and muscle spasms from L1 to S1 noted. Lumbar spine range of motion is reduced. The treating physician, 8 sessions made a 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, 8 sessions:** 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 rationale:** MTUS 2009 states that aquatic therapy is an alternative to land based therapy where reduced weight bearing is desirable. There is no indication that reduced weight bearing is necessary in this case and any indication that aqua therapy will translate to improved land based functional activities. This request for aqua therapy is not medically necessary.