

<b>Case Number:</b>	CM15-0169007		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51-year-old male, who sustained an industrial injury on 9-12-13. The injured worker was diagnosed as having status post contusion of the left buttock-low back and lumbosacral strain, arthrosis, discopathy with foraminal stenosis. Treatment to date has included oral medications including Naprosyn, Omeprazole and Ultracet; pain management, epidurals, physical therapy and acupuncture. Currently on 7-6-15, the injured worker complains of pain down both legs and particularly on the left side. Physical exam dated 7-6-15 revealed tenderness of low back positive straight leg raising sign on left and can forward flex to his mid-calf. The treatment plan included a request for 12 sessions of aquatic therapy and refilling of Naprosyn, Omeprazole and Ultracet. On 8-5-15, utilization review non-certified 12 sessions of aquatic therapy noting there is no documentation of how many physical therapy sessions he has been provided in the past and the response to the therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the low back, twelve sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** According to MTUS 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 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 maybe required to preserve most of these gains. (Tomas-Carus, 2007)" There no clear evidence that the patient is obese or have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no clear objective documentation for the need of aquatic therapy. Therefore, the prescription of 12 sessions of aquatic therapy for the low back is not medically necessary.