

<b>Case Number:</b>	CM15-0185797		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 63 year old female who sustained an industrial injury on December 11, 2009. An orthopedic evaluation dated August 06, 2015 reported subjective complaint of back pain with radiation to the left lower extremity. The plan of care is with requesting recommendation for aquatic therapy sessions strengthening program for the lumbar spine. A recent primary treating office visit dated July 14, 2015 reported the worker status post laminectomy April 13, 2015 and subsequent wound dehiscence and delayed wound closure. Stitches are noted still in place and she is currently receiving antibiotic therapy. She reports "continued pain in her back, her shoulder, her knee and over most of her body." The following diagnoses were applied to this visit: status post decompressive laminectomy at L4 with excision of intraspinal extradural cyst at L4-5, left, and wound dehiscence, resolved. Primary follow up dated July 23, 2015 reported subjective complaint of "feeling better with respect to her back, but is complaining of weakness and numbness of her right hand." She says "that when she bends her right elbow her right little and ring fingers go numb." Objective assessment noted: lumbar wound healed and closed; positive Tinels, Phalen's and Durkan, right wrist, and nerve conduction study showed right carpal tunnel syndrome, right cubital tunnel syndrome. On August 27, 2015 a request was made for aquatic therapy 12 session treating the lumbar spine that was non-certified on August 31, 2015 by Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for lumbar spine, 3 times weekly for 4 weeks, 12 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): Physical Medicine.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.