

<b>Case Number:</b>	CM15-0192914		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial injury on 6-28-2003. The injured worker is being treated for lumbar spine disc rupture with radiculopathy status post lumbar spine fusion surgery. Treatment to date has included surgical intervention (lumbar L5-S1 fusion, 2004), physical therapy, a cane for ambulation, bracing, medications, and prior aquatic therapy. Per the Primary Treating Physician's Progress Report dated 9-01-2015, the injured worker reported that he still has erection problems and right hip pain. He notes that aqua therapy is helping and he would like to continue aqua therapy. Objective findings are documented as "He presents with single point cane in good condition." Right lateral thigh, right lateral calf and right lateral ankle sensation are intact to light touch. There is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to aqua therapy. The IW is prescribed Norco. Work status was permanent and stationary. The plan of care included continuation of aquatic therapy (number of previous sessions is not documented). Authorization was requested on 9-01-2015 for 12 (2x6) aqua therapy sessions for the lumbar spine. On 9-18-2015, Utilization Review non-certified the request for 12 aqua therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 12 sessions, lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 12 sessions lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbar spine disc rupture with radiculopathy; and status post lumbar spine fusion surgery. Date of injury is June 28, 2003. Request for authorization is September 1, 2015. According to a September 1, 2015 progress note, subjective complaints include ongoing right hip pain. Injured worker has received aquatic therapy that is helping. The injured worker is requesting additional aquatic therapy. Objectively, the injured worker ambulates with a single point cane. Physical examination states light touch sensation to the right mid lateral thigh, right lateral calf and right lateral ankle are all intact. There is no physical examination of the hip. There are no aquatic therapy progress notes in the record. There is no documentation demonstrating objective functional improvement. The total number of aquatic therapy sessions is not documented. There are no compelling clinical facts indicating additional aquatic therapy is currently indicated. There is no documentation of failed land-based physical therapy in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of aquatic therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional aquatic therapy is currently indicated, aquatic therapy 12 sessions lumbar spine is not medically necessary.