

<b>Case Number:</b>	CM15-0193741		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial injury on 9-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar sprain-strain, and left knee internal derangement. On 8-20-2015, the injured worker reported intermittent moderately sharp low back pain and stiffness with numbness and tingling rated 5 out of 10, and intermittent moderate left knee pain and stiffness rated 5 out of 10. The Primary Treating Physician's report dated 8-20-2015, noted the lumbar spine with decreased and painful range of motion (ROM), tenderness to palpation of the bilateral SI joints, coccyx, lumbar paravertebral muscles, and sacrum, with muscle spasm of the lumbar paravertebral muscles, positive Kemp's, and straight leg raise and Lasegue's causing pain. The left knee was noted to have decreased and painful range of motion (ROM), tenderness to palpation of the anterior knee, lateral joint line, medial joint line, medial knee, posterior knee, and superior border of the patella, with muscle spasm of the anterior knee and posterior knee and McMurray's causing pain. The injured worker's current medications were not included in the progress note. Prior treatments have included physical therapy, acupuncture, at least on session of pool therapy, and medications including Protonix, Cyclobenzaprine, Zolpidem, Ibuprofen, Tramadol, and compound topical creams. One pool treatment program note dated 7-3-15, included the treatments provided, however there was no documentation of the injured worker's response to the treatments. The injured worker's work status was noted to be permanent and stationary. The request for authorization was noted to have requested aquatic therapy 2x6 lumbar spine. The Utilization Review (UR) dated 9-3-2015, denied the request for aquatic therapy 2x6 lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, 2 x 6 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 rationale:** CA MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, such as with extreme obesity. In this case, the patient has completed 18 physical therapy visits, however there is no documentation of response to pain and functional improvement. There is also no evidence of a home exercise program being performed by the patient. There is no rationale given for aquatic therapy; extreme obesity is not documented. Therefore the request for aquatic therapy is not medically necessary or appropriate.