

<b>Case Number:</b>	CM15-0203550		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Texas, California

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:

This is a 41 year old female patient who sustained an industrial injury on 8-6-2014. The diagnoses include status post mid lumbar herniated nucleus pulposus. Per the notes dated 9-14-2015, she had complaints of moderate back and leg pain. Per the note dated 8/12/15 physical examination revealed decreased range of motion of the lumbar spine, positive straight leg raising test on the left and 4/5 strength on the left lower extremity. The medications list includes Percocet, Naproxen and Flexeril. She has undergone L5-S1 discectomy on 12/16/2014, right shoulder rotator cuff repair in 2007 and right foot surgery in 1998. She had lumbar spine MRI on 7/24/15 which revealed left parasagittal 9 x 4 mm L5-S1 disc extrusion causing impingement on the left S1 nerve root. Treatment has included injection and two separate rounds of 12 sessions of physical therapy. Utilization review form dated 10-15-2015 noncertified Aquatic therapy x 24 session to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy x 24 to Lumbar:** 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, Physical Medicine.

**Decision rationale:** The request is for Aquatic Therapy x 24 to Lumbar. Per 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. The cited guidelines recommend up to 9-10 visits for this diagnosis. The requested therapy sessions are beyond the recommendations of the cited criteria. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. The medical necessity of Aquatic Therapy x 24 to Lumbar is not fully established for this patient. The request is not medically necessary.