

<b>Case Number:</b>	CM15-0205090		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/05/1996
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 71 year old male patient, who sustained an industrial injury on 09-05-1996. The diagnoses include lumbar spine sprain-strain and lumbar disc disease. Per the doctor's note dated 09-23-2015 and 07-07-2015, he had complaints of low back pain, neck pain and bilateral knee pain. He tripped and fell on 9/21/15. He was unable to tolerate land-based therapy due to pain. Physical examination revealed lumbar spine decreased range of motion, tenderness to palpation over the lumbar paravertebral musculature and over facet joint at L3-S1 spinous process with spasms; cervical spine with decreased range motion with tenderness to palpation and spasm. Current medications were not listed on 09-23-2015. Per the doctor's note dated 8/25/15, the medications list includes ultracin lotion. He had a lumbar spine MRI on 9/12/15. Treatments to date included home exercise program and epidural steroid injections. The Utilization Review (UR) was dated 10-13-2015. A Request for Authorization was dated 09-23-2015. The UR submitted for this medical review indicated that the request for Aquatic therapy; twelve sessions (three times a week for four weeks) was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy; twelve sessions (three times a week for four weeks): 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:** 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." Per the records provided, the patient tripped and fell on 9/21/15. He was unable to tolerate land-based therapy due to pain. The cited guidelines recommend up to 9-10 visits for this diagnosis. The requested therapy sessions are beyond the recommendations of the cited criteria. A medical need for reduced weight bearing is not specified in the records provided. The medical necessity of Aquatic therapy; twelve sessions (three times a week for four weeks) is not fully established for this patient. Therefore, the request is not medically necessary.