

<b>Case Number:</b>	CM15-0020483		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male injured worker suffered and industrial injury on 10/22/2011. The diagnoses were mononeuritis of lower limb, depressive disorder, lumbar strain, and meshoma ilioinguinal neuralgia. The treatments were neurotomy. The treating provider reported persistent pain in the right inguinal area after hernia repair. On exam there is tenderness in the anterior inguinal region. The gait was observed to be slow. There was lumbar tenderness. The Utilization Review Determination on 1/14/2015 non-certified Aqua therapy for the right inguinal hernia, twice weekly for six weeks, citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the right inguinal hernia, twice weekly for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 MTUS (Effective July 18, 200.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia Chapter, Physical Therapy

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 9 therapy visits for abdominal strain. Within the documentation available for review, there is no indication as to why exercise in a reduced weight bearing environment would be needed. Furthermore, the request exceeds the amount of PT recommended by ODG and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.