

<b>Case Number:</b>	CM15-0023088		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Massachusetts

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 injured worker is a 57-year-old male with an industrial injury dated July 5, 2012. The injured worker diagnoses include lumbar disc protrusion, lumbar degenerative disc disease, status post microdiscectomy at L3-4 and L4-5 on 7/30/2014 and knee pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/6/2015, the injured worker reported low back pain rated a 2-5/10 and left knee pain with popping and locking. Physical exam revealed positive McMurray's sign and tenderness of lumbar spine. The treating physician prescribed services for aquatic therapy 3xwk x4wks lumbar spine. Utilization Review determination on January 20, 2015 modified the request to aquatic therapy 3xwk x2wks lumbar spine, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 3xwk x4wks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for chronic back pain. Treatment have included lumbar spine surgery. He has left knee pain with popping and locking. He is obese with a body mass index of 33. A trial of aquatic therapy is recommended for patients with chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities as in this case. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.