

<b>Case Number:</b>	CM15-0029661		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 39 year old female, who sustained an industrial injury on 2/24/2009. The current diagnoses are chronic musculoligamentous stretch injury of the lumbar spine without radiculopathy. Currently, the injured worker complains of low back pain radiating to both lower extremities. The physical examination of the lumbar spine reveals tenderness to palpation over the paralumbar muscles, gluteal muscles, and spinous process. Medications prescribed are Naprosyn, Capsaicin cream, and Omeprazole. Treatment to date has included medications, 8 chiropractic, and 8 acupuncture sessions. MRI of the lumbar spine dated 4/21/2014 shows disc herniation at L4-L5 and L5-S1. The treating physician is requesting 6 aquatic physical therapy sessions to the lumbar spine, which is now under review. On 1/27/2015, Utilization Review had non-certified a request for 6 aquatic physical therapy sessions to the lumbar spine. The aquatic physical therapy was modified to 6 sessions. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Physical Therapy 6 sessions 2x3 (lumbar spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back- Lumbar & Thoracic, ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic physical therapy two times per week times four weeks (8 sessions) to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic musculoligamentous stretch injury, cervical spine without radiculopathy with acute exacerbation of pain, disc herniation at L4 - L5 and L5 - S1 per MRI; chronic musculoligamentous stretch injury, thoracic spine without radiculopathy with acute exacerbation of pain; chronic musculoligamentous stretch injury, lumbar spine with radiculopathy with acute exacerbation of pain; bicipital tendinitis right; repetitive motion disorders left wrist; carpal tunnel syndrome; tenosynovitis left thumb; and hypertension. The medical record contains 21 pages. The injured worker has received eight sessions of chiropractic treatment and eight sessions of acupuncture. There is no documentation indicating prior physical therapy. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction. The treating physician requested 12 sessions of aquatic therapy (two times per week for six weeks) in the progress note. The request for authorization states two sessions per week times four weeks. In either case, the treating physician exceeded the number of sessions recommended by the Official Disability Guidelines. Additionally, there is no clinical indication or rationale for aquatic therapy. The injured worker is 5'1" and weighs 174 pounds. There is no BMI in the medical record nor is there a clinical rationale for aquatic therapy over land-based therapy. Consequently, absent clinical documentation with a clinical indication or rationale for aquatic therapy in excess of the recommended guidelines, aquatic physical therapy two times per week times four weeks (8 sessions) to the lumbar spine is not medically necessary.