

<b>Case Number:</b>	CM15-0219090		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: 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 42 year old female sustained an industrial injury on 12-12-14. The diagnoses include lumbago, L5-S1 degenerative disc disease and sciatica, resolved. She sustained the injury due to a slip and fall incident. Per the progress note dated 10/27/15, she complained of ongoing right hip and low back pain. Per the progress note dated 9-23-15, she complained of ongoing hip and low back pain. Physical exam revealed "slight" tenderness to palpation at the lumbosacral junction, tenderness to palpation at the lumbar facets and range of motion: flexion bringing the fingertips to the knees and 10 degrees extension. The medications list includes ibuprofen. She had magnetic resonance imaging of the lumbar spine, which showed degenerative disc disease with facet arthropathy and grade I anterior spondylolisthesis. She had previous physical therapy which "remarkably" reduced her pain and increased her function. She could stand for longer, walk greater distances and perform activities of daily living. Her ability to perform land based exercise was very limited because it aggravated her low back pain and caused pain to shoot down her right leg. The physician stated that she was obese and would benefit from an aquatic therapy program for core strengthening and weight loss. The number of previous physical therapy sessions was unclear. The physician recommended four sessions of formal aquatic therapy instruction and a one year self-directed aquatic therapy program. On 10-20-15, Utilization Review non-certified a request for self-direct aquatic therapy for the lumbar spine with aquatic instructions, twice weekly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Self direct aquatic therapy, lumbar spine: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 12/02/15) Gym memberships.

**Decision rationale:** Self direct aquatic therapy, lumbar spine. Per the cited guidelines regarding self directed exercise "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." A contraindication to a simple home exercise program is not specified in the records provided. Response to prior conservative therapy is not specified in the records provided. In addition per the cited guidelines; "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." Per the cited guidelines aquatic/pool 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." Any contraindication to land-based physical therapy is not specified in the records provided. A medical need for reduced weight bearing is not specified in the records provided. The Self direct aquatic therapy, lumbar spine is not medically necessary at this time.

**Aquatic instructions, twice weekly, lumbar spine: 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:** Aquatic instructions, twice weekly, lumbar spine. 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." A contraindication to land-based physical therapy is not specified in the records provided. A medical need for reduced weight bearing is not specified in the records provided. The Aquatic instructions, twice weekly, lumbar spine is not medically necessary for this patient.