

<b>Case Number:</b>	CM15-0031884		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of January 9, 2013. In a utilization review report dated January 27, 2015, the claims administrator failed to approve a request for eight sessions of aquatic therapy while conditionally denying a request for an epidural steroid injection. The claims administrator referenced an RFA form received on January 14, 2015, coupled with an associated progress note dated January 6, 2015. The claims administrator stated that the applicant had had at least one prior epidural steroid injection and had had at least 14 sessions of aquatic therapy through the date of the request. The applicant's attorney subsequently appealed. In a November 12, 2014 Medical-Legal Evaluation, it was suggested that the applicant was working with restrictions in place, despite multifocal complaints of upper extremity pain, upper extremity paresthesias, and low back pain reportedly attributed to cumulative trauma at work. On January 6, 2015, the applicant reported persistent complaints of low back pain with upper extremity paresthesias. The attending provider did not, however, detail the applicant's gait. Additional aquatic therapy was proposed. The applicant was returned to regular-duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** No, the request for an additional eight sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant's gait and ambulatory status were not detailed on the January 6, 2015 office visit on which additional aquatic therapy was proposed. The applicant had returned to regular-duty work, suggesting that the applicant did not have any significant mobility deficits which would have precluded participation in land-based therapy and/or land-based home exercises. Therefore, the request was not medically necessary.