

<b>Case Number:</b>	CM15-0047846		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Indiana

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 injured worker (IW) is a 56-year-old female who sustained an industrial injury on 05/15/2008. She reported neck and back pain. The injured worker was diagnosed as having cervical thoracic strain/arthrosis with C4-5 and C5-6 disc herniations, right carpal tunnel syndrome, right cubital tunnel syndrome, left wrist volar ganglion cyst, lumbar sacral strain/arthrosis/discopathy at L4-5 and L5-S1, and psychiatric diagnosis. Treatment to date has included oral and topical medications, home exercises, psychiatric treatment, epidural steroid injections, and aquatic therapy for the low back. Currently, the injured worker complains of cervical and lumbar spine and bilateral wrist pain. According to the worker, aquatic therapy has helped decrease the radicular symptoms in the upper and lower extremities. The treatment plan includes epidural steroid injections, continuation of oral pain medications and medication for gastrointestinal upset and additional aquatic physical therapy. A request for authorization for additional aquatic physical therapy treatments was made after the 02/09/2015 visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2 x 4, Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines, Preface.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy, Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state, "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided do not indicate any concerns that patient was extremely obese. Additionally, the medical records do not indicate that objective findings of functional improvement from the initial trial of aquatic therapy, which is needed to extend and continue additional therapy. As such, the current request 8 additional sessions of aqua therapy is not medically necessary at this time.