

<b>Case Number:</b>	CM15-0048830		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 39 year old male who sustained an industrial injury on 06/26/12. Initial complaints and diagnoses are not available. Treatments to date include medications, physical and aqua therapy, back surgery, and an epidural steroid injection. Current complaints include lumbar spine pain. In a progress note dated 02/11/15, the treating provider reports the plan of care as continued medications and additional aquatic therapy. The requested treatment is additional aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and underwent a lumbar discectomy in October 2014. When seen, he had completed 5 aquatic therapy treatments. Guidelines address the role of therapy after a lumbar discectomy with a postsurgical

physical medicine treatment period of 6 months and up to 16 physical therapy visits over 8 weeks. In this case, the claimant has already had therapy with reported benefit. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the amount of additional therapy being requested is in excess of that recommended following this procedure. Providing this number of additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.