

<b>Case Number:</b>	CM15-0051431		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on 6/2/08. He has reported a back injury after lifting. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar spinal stenosis, lumbago and lumbosacral intervertebral disc disease. Treatment to date has included medications, diagnostics, surgery, activity modifications, physical therapy and Home Exercise Program (HEP). Surgery has included lumbar laminectomy 6/12/14 and left total knee 12/4/14. Currently, as per the physician progress note dated 2/4/15, the injured worker had a recent Total Knee Replacement (TKR) on 12/4/14. It was noted that he was healing well and improving with walking and uses a cane as needed. He continues to require physical therapy for the back as he was unable to complete due to his arthritic knees. It was noted that he still has discomfort and decreased function due to his back pain. Physical exam of the lumbar spine revealed tenderness, flat back with restricted movements in all directions, and back brace in place. The current medications included Hydrocodone/Acetaminophen, Oxycodone/Acetaminophen, and Oxycodone Hydrochloride. The previous physical therapy sessions were noted. Treatment plan was medication re-fill, physical therapy, disabled parking placard, and lumbar joint injection. The physician requested treatment included 12 sessions of pool therapy for the lumbar area for back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of pool therapy for the lumbar area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 99.

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

**Decision rationale:** Aquatic Therapy, p22 According to the MTUS, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The current request for 12 visits of pool therapy is not in accordance with the guidelines for PT as indicated above. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.