

<b>Case Number:</b>	CM15-0058067		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 60 year old male, who sustained an industrial injury on 4/27/12. He reported a back injury. The injured worker was diagnosed as having chronic low back pain, bilateral buttock and leg pain, degenerative disc disease of lumbar spine, status post lumbar fusion L5-S1, myofascial pain, multilevel lumbar foraminal stenosis and central stenosis, degenerative joint disease of bilateral hips, status post right total hip replacement, severe and morbid obesity. Treatment to date has included oral medications, opioid detoxification, physical therapy, home exercise program and aqua therapy. Currently, the injured worker complains of back pain, upper extremity pain and lower extremity pain. The injured worker states he had a 25 % decrease in pain with starting Lyrica. The physical exam remains unchanged from previous visits. The treatment plan includes a request for authorization of physical evaluation, functional restoration program and a request for aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy (18 sessions) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including slimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic low back pain; degenerative disc disease lumbar; status post lumbar fusion; myofascial pain; multilevel lumbar foraminal stenosis and central canal stenosis L1 - L2 and L5 - S1; generative joint disease bilateral hips with avascular necrosis; status post right total hip replacement; history multi-substance abuse and alcoholism; history severe depression auditory hallucinations; morbid obesity; hypertension and severe de-conditioning. The documentation shows the request for authorization includes land-based physical therapy and aquatic therapy. The requesting provider ordered 18 sessions of aquatic therapy. The guidelines recommend a six visit clinical trial (not unlike land-based physical therapy). The provider requested 18 sessions of aquatic therapy in excess of the recommended guidelines. There is no clinical indication or rationale in the treatment plan for both physical therapy and aquatic therapy. The injured worker gained 60 pounds since the date of injury and is reportedly morbidly obese according to the diagnoses. However, there was no weight, height or BMI noted in the medical record. Land based physical therapy was authorized. Consequently, absent compelling clinical documentation with a clinical rationale for both aquatic therapy and land-based physical therapy concurrently while ordering 18 sessions of aquatic therapy in excess of the recommended guidelines, aquatic therapy (18 sessions) is not medically necessary.