

<b>Case Number:</b>	CM15-0232639		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 18, 2014. In a Utilization Review report dated November 21, 2015, the claims administrator partially approved a request for 12 sessions of aquatic therapy and 6 sessions of the same. The claims administrator referenced an RFA form received on November 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said November 20, 2015 RFA form, 12 sessions of aquatic therapy were sought. On an associated progress note, seemingly dated November 20, 2015, the applicant reported ongoing issues with neck pain, low back pain, and myofascial pain syndrome. The applicant exhibited well preserved, 5/5 motor function on neurologic exam, the treating provider reported. Cranial nerve testing was intact, treating provider further noted. The applicant's gait was not clearly described or characterized. 12 sessions of aquatic therapy were sought while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, 12 sessions, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of aquatic therapy at issue, in and of itself, represented treatment in excess of the 9- to- 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, (i.e. the diagnosis reportedly present here). The attending provider failed to furnish a clear or compelling rationale for pursuit of aquatic therapy at a rate, frequency, and overall amount in excess of MTUS parameters. 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, here, however, the applicant's gait was not clearly described or characterized on November 20, 2015 office visit at issue. The fact that the applicant retained well preserved, 5/5 motor function on neurologic exam, however, argued against the presence of any bona fide gait derangement which could potentially have made a case for the aquatic therapy in question. Therefore, the request is not medically necessary.