

<b>Case Number:</b>	CM14-0152739		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/03/2004
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 55-year-old female with an 11/3/04 date of injury. At the time (9/15/14) of the Decision for aquatic therapy times twelve, there is documentation of subjective (chronic pain) and objective (no abnormalities) findings, current diagnoses (lumbar radiculopathy, sacroiliac sprain/strain, left hip bursitis, and cervical degenerative disk disease), and treatment to date (medication). There is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for

patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, sacroiliac sprain/strain, left hip bursitis, and cervical degenerative disk disease. However, there is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the requested aquatic therapy times twelve exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Aquatic therapy #12 is not medically necessary and appropriate.