

<b>Case Number:</b>	CM14-0184321		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational & Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia & Ohio. 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:

This individual is a 65 year old female who sustained an industrially related injury on December 12th, 2012 involving her mid back. She has ongoing complaints of constant mid-back (8/10) and lower extremity (2/10) pain. The latest physical examination found in the available medical record (10/12/14) details tenderness to palpation at the T12 level, decreased range of motion on extension (degree not defined) and normal deep tendon reflexes in the lower extremities. It is noted that she sustained a non-work related wrist injury that required surgical repair (8/22/14). Her pain has been treated with various modalities previously including; medication, transforaminal steroid injections and physical therapy. This request is for a total of 8 sessions of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2x4 for the back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Neck and upper back, Aquatic Therapy Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy

**Decision rationale:** California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has sub-acute or chronic pain and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended. The medical documents provided do not indicate any concerns that patient was extremely obese. Available records do not report "severe degenerative joint disease." Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The number of requested visits is in excess of the initial six-visit trial. The treating physician does not document a reason to grant additional visits in excess of this trial. As such, the current request for 2 x 4 session of aquatic therapy is deemed not medically necessary.