

<b>Case Number:</b>	CM14-0086107		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Medicine 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of extracorporeal shockwave therapy; and the apparent imposition of permanent work restrictions. In a utilization review report dated May 22, 2014, the claims administrator denied a request for 12 sessions of Aquatic Therapy. The applicant's attorney subsequently appealed. In a progress note dated February 12, 2014, the applicant reported 8/10 multifocal neck, shoulder, and low back pain with derivative complaints of sleep disturbance, anxiety, and depression. The applicant's gait was not clearly described. Physical therapy, manipulative therapy, acupuncture, and facet joint blocks were endorsed. The applicant's work status was not clearly outlined. In a December 23, 2013, medical-legal evaluation, the applicant was described as using Tramadol-Acetaminophen and Zestoretic. The applicant's gait was not clearly described. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was declared permanent and stationary. It did not appear that the applicant was working. On March 12, 2014, the applicant again reported multifocal neck and low back complaints. The applicant's gait, once again, was not clearly described. The applicant was asked to continue with previously prescribed physical therapy, acupuncture, and manipulative therapy. Aquatic therapy was sought on April 15, 2014. It was stated that the applicant was obese, having gained 30 pounds recently. The applicant's BMI was 45; it was suggested, based on a height of 5 feet 1 inch and a weight of 240 pounds. The applicant did apparently exhibit a normal gait on this occasion with normal heel and toe ambulation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Aquatic Therapy, 2 per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 98-99.

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

**Decision rationale:** The 12 Sessions of Aquatic Therapy proposed, in and of itself, represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the issue reportedly present here. It is further noted that page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that aquatic therapy should be reserved for applicants who have some contraindication to reduce weight bearing, such as extreme obesity. While the applicant is described as obese here, the applicant does not have any corresponding gait deficits. The applicant was described as exhibiting a normal heel and toe ambulation during the office visit on which the aquatic therapy was endorsed. Therefore, the request is not medically necessary.