

<b>Case Number:</b>	CM14-0090187		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 a licensed Chiropractor, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington and New Mexico. 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 injured worker is a 68 year old individual with an original date of injury of 3/11/13. The mechanism of injury occurred when the patient sustained cumulative trauma injuries. The patient is currently on disability. It is not reported whether the patient has completed chiropractic treatments or physical therapy. The disputed issue is a request for 18 additional aquatic therapy sessions for the lumbar spine and bilateral knees, with sessions 3 times a week for 6 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy times (3x6) 18 sessions to lumbar and bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22; 29.

**Decision rationale:** CA MTUS Guidelines recommend aquatic therapy, as a form of physical therapy, when there is evidence of a clinical condition where full weight bearing is not possible

or in the best interest of the patient. The documents received do not provide indication for the necessity of aquatic rehabilitation. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The request exceeds the Guidelines. The request for 18 additional aquatic therapy sessions for the lumbar spine and bilateral knees, with sessions 3 times a week for 6 weeks is not medically necessary.