

<b>Case Number:</b>	CM15-0013865		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 injured worker is a 34 year old male, who sustained an industrial injury on 2/3/2014. He reports a bed hitting his right knee and causing knee and back pain. Diagnoses include burning pain syndrome, lumbar facet effusion and atrophy, lumbar spinal stenosis and displacement of lumbar disc without myelopathy. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 11/12/2014 indicates the injured worker reported low back pain that radiated to the right knee. On 12/31/2014, Utilization Review non-certified the request for 12 visits of aquatic therapy, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbar spine - 12 visits (2 times per week for 6 weeks): 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, Page 22 Page(s): Page 22.

**Decision rationale:** The requested Aquatic therapy for the lumbar spine - 12 visits (2 times per week for 6 weeks), is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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. The injured worker has low back pain that radiated to the right knee. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The criteria noted above not having been met, Aquatic therapy for the lumbar spine - 12 visits (2 times per week for 6 weeks) is not medically necessary.