

<b>Case Number:</b>	CM15-0177752		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 1, 2008. In a Utilization Review report dated August 14, 2015, the claims administrator approved a request for 8 sessions of physical therapy while denying a request for 8 sessions of aquatic therapy. Home exercise equipment was also approved. The claims administrator referenced an RFA form received on August 5, 2015 and an associated progress note of August 11, 2015 in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity, with derivative complaints of depression, anxiety, and psychological stress. The applicant was on Ultracet and naproxen, it was reported. The applicant had completed 8 sessions of physical therapy, it was reported. The applicant exhibited a slowed gait, it was reported. There was no mention of the applicant's using a cane, crutch, or walker. The applicant had undergone earlier spine surgery on July 27, 2009, it was reported. The applicant's BMI was 29. Both conventional physical therapy and aquatic therapy were sought. The applicant was asked to employ a lumbar support and obtain an exercise ball. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working with permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative aquatic therapy for Lumbar Spine # 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** No, the request for 8 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. The applicant was well outside of the 6-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier spine surgery of July 27, 2009 as of the date of the request, July 10, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was, in fact, desirable. The attending provider's concomitant request for the land-based physical therapy and aquatic therapy effectively argued against the position that reduced weight bearing was in fact desirable here. The applicant was described as ambulating slowly on July 10, 2015, without a cane, crutch, walker, or other assisted device. The applicant was not a seemingly obese individual with difficulty weight bearing (BMI=29). Therefore, the request for 8 sessions of aquatic therapy was not medically necessary.