

<b>Case Number:</b>	CM15-0026341		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male, who sustained an industrial injury on 9/4/2012. He reports a slip and a fall with a back injury. Diagnoses include lumbar sprain/strain. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/16/2015 indicates the injured worker reported low back pain that radiated to the bilateral lower extremities. On 2/3/2015, Utilization Review non-certified the request for 8 sessions of aqua therapy, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2 Times a Week for 4 Weeks for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Therapy.

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

**Decision rationale:** The patient presents with low back pain. The current request is for Aqua Therapy 2 times a Week for 4 Weeks for the Lumbar Spine. The treating physician states,

"Patient has low back pain radiating down both lower extremities. I am requesting aqua therapy twice a week for four weeks to his lumbosacral spine." (B.44) There is no further discussion revolving around the current request. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, there is no indication that the patient is obese or is limited in weight-bearing exercises. It is mentioned that the patient has previously completed physical therapy, but the exact number of sessions is not found in the records provided. The current request is not medically necessary and the recommendation is for denial.