

<b>Case Number:</b>	CM15-0028044		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/08/2007
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: New York, Tennessee  
 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:

This 57 year old female sustained an industrial injury on 3/7/07, with subsequent ongoing low back and right knee pain. No recent magnetic resonance imaging was available for review. Treatment included medications, home exercise, epidural steroid injections and pool therapy. Documentation did not disclose the amount or response to previous pool therapy. In the most recent PR-2 dated 7/21/14, the injured worker reported that her symptoms were unchanged with ongoing sleep difficulties and pain 7-10/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with restricted range of motion, positive straight leg raise bilaterally and positive Kemp's test. The injured worker used a cane for ambulation and exhibited obvious signs of anxiety. Current diagnoses included lumbar spine sprain/strain with bilateral lower extremity radiculitis, right knee sprain/strain. On 1/15/15, Utilization Review noncertified a request for aquatic therapy 3 x 4, noting lack of functional improvement from previous therapy and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 3 x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56.

**Decision rationale:** Aqua-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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The recommended number of visits follows those recommended for land-based physical therapy. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the therapy). In this case there is no documentation that the patient requires therapy that minimizes the effects of gravity. In addition the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.