

<b>Case Number:</b>	CM15-0028695		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 56 year old male who sustained an industrial injury on 08/17/2009. Diagnoses include chronic discogenic disease of the lumbar spine and status-post transforaminal discectomy and fusion with re-exploration of previous laminectomy on 06/09/2014. Treatment to date has included physical therapy, aqua therapy, and medications. A physician progress note dated 01/08/2015 documents the injured worker has some back pain, which is to be expected at this stage of post-surgical recovery. He is starting to increase his activity. Previous aqua therapy was very helpful. Treatment requested is for Aqua therapy times 12. On 02/13/2015 Utilization Review modified the request for aqua therapy times 12 to aqua therapy 10 visits and cited was California Medical Treatment Utilization Schedule (MTUS) - Aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy times 12:** 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 Aquatic therapy and Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back chapter. Physical medicine treatment section.

**Decision rationale:** 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. For recommendations on the number of supervised visits. 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 Official Disability guidelines allow for 10 physical medicine visits over 8 weeks for lumbar intervertebral disorders without myelopathy. In this instance, the injured worker responded well to aquatic therapy following his fusion surgery 6-9-2014. His radiculopathy resolved but he had persistent stiffness of the back. A repeat of physical therapy in the form of aquatic therapy is medically reasonable. However, the applicable guidelines allow for a maximum of 10 visits over 8 weeks. Therefore, aqua therapy X 12 is not medically necessary.