Case Number:	CM15-0042929		
Date Assigned:	03/13/2015	**Date of Injury:**	07/31/2012
Decision Date:	04/22/2015	**UR Denial Date:**	02/06/2015
Priority:	Standard	**Application Received:**	03/06/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old male, who sustained an industrial injury on July 31, 2012. He reported the sudden onset of lower back pain radiating into his legs. The injured worker was diagnosed as having status post lumbar 4-lumbar 5 laminectomy/discectomy for lumbar 5 stenosis, post-op left lumbar radiculitis and left leg weakness, and status post permanent spinal cord stimulator implantation in June 2014. Treatment to date has included x-rays, MRI, physical therapy, lumbar support brace, home exercise program and walking program, urine drug screening, aquatic therapy, temporarily totally disability, and medications including pain, anti-epilepsy, and antidepressant. On January 30, 2015, the injured worker reports mild improvement over the last month. His medications are helpful, and prior aqua therapy was helpful. The physical exam revealed well-healed incision sites of the mid-back and the implantable programmable (IPG) incision site and mild pain around the implantable programmable (IPG) incision site. He was wearing a lumbar support brace and using a straight-prong cane to walk. He was in obvious pain and moved slowly. The treatment plan includes awaiting authorization of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state, "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." Medical records do not include weight/height measurements, therefore BMI cannot be calculated. A diagnosis of "extreme obesity" cannot be established. MD Guidelines similarly states, "If the patient has sub acute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of sub acute or chronic LBP". ODG states regarding knee aqua therapy, "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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life. In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise." The treating physician does not document any mobility or functional limitations that would limit the patient's land based exercises. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "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 physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." There are no indications as mentioned above documented in the record. As such, the request for Aquatic therapy quantity 8 is not medically necessary.