

<b>Case Number:</b>	CM15-0061310		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39-year-old who sustained an industrial injury on 4/15/13, relative to heavy lifting. Past surgical history was positive for bilateral L5-S1 laminotomy, foraminotomy, and right sided microdiscectomy on 10/2/14, and anterior posterior L5/S1 fusion with revision laminotomy/foraminotomy on 2/17/15. Past medical history was positive for a bicycle crash on 1/24/15 resulting in a right superior pubic ramus fracture. The 3/2/15 treating physician report indicated the injured worker was 2 weeks post-op and doing well. His right lower extremity symptoms had resolved, but he had an intermittent ache in the L5 distribution on the left. Gait was normal, incisions are healing, straight leg raise was negative, and he was neurologically intact in the lower extremities. Radiographs were taken and look good. The treatment plan recommended aquatic therapy progressing to land based therapy 3 times per week for 3 weeks. The 3/6/15 utilization review non-certified the request for aquatic therapy 3 times per week for 3 weeks as there was no evidence of significant obesity or body habitus issues to support this form of exercise over land based therapy. Records indicated that the injured worker was deconditioned as he was unable to participate fully in physical therapy prior to surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy for the lumbar spine, three times weekly for three weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 24, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course, or 17 visits. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. The type of physical medicine treatment is at the discretion of the surgeon. In general, aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. Guideline criteria have been met on the basis of recent pubis ramus fracture and deconditioning. Therefore, this request is medically necessary.