

<b>Case Number:</b>	CM15-0073597		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 38 year old male who sustained an industrial injury on 04/18/2014. He reported pain in his thoracic and lumbar spine. The injured worker was diagnosed as having a traumatic fracture vertebrae, low back pain, thoracic spine pain, thoracic vertebral fracture, situation post thoracic vertebral fracture, situation post lumbar fracture. Treatment to date has included wearing a back brace, pool exercises, consultation with a psychologist, and medications Norco and Robaxin. Currently, the injured worker complains of achy cramping lower back pain rated 6/10 with bilateral lower extremity tingling, numbness and weakness, thoracic spine achy pain rated a 7/10, and cervical spine achy pain rated a 7/10. Standing or walking for length of time significantly increases his back pain. The IW is requesting pool exercises as he states he was told by physicians that he needs pool exercises "for the rest of his life" and was advised against land exercises. A request for authorization is presented for: Continued Aqua Therapy for Low Back, 2 times weekly for 6 weeks, and DME (durable medical equipment) Home Slim Spa Unit, Purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Aqua Therapy for Low Back, 2 times weekly for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional outpatient aquatic therapy two times per week times six weeks to the low back is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are thoracic spine and lumbar spine muscle spasm; T11, T12 and L1 chronic healed compression fractures; L3 - L4 minimal disc bulge; and L3 - L4 mild bilateral neuroforaminal stenosis. According to a progress note dated March 18, 2015, the injured worker has 6/10 pain at the thoracic spine; moderate to severe pain at the lumbar spine (7/10). The injured worker was seen in a second opinion and swimming therapy was recommended. The compression fractures were well healed. The documentation states the patient is to "continue doing swimming therapy for the rest of his life as the only way keep his muscles atrophying." The utilization review indicates the injured worker was certified for 10 pool therapy sessions on March 5, 2015. There is no documentation in the medical record evidencing objective functional improvement. The request for authorization for an additional 12 sessions was dated April 3, 2015. The injured worker had not completed the initial 10 aquatic therapy visits. Additionally, there are no compelling clinical facts indicating additional aquatic therapy is clinically indicated. Consequently, absent clinical documentation with objective functional improvement from the first #10 aquatic therapy visits, additional aquatic therapy two times per week times six weeks of the low back is not medically necessary.

**DME (durable medical equipment) Home Slim Spa Unit, Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (<http://www.nls.org/conf.services.htm>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, DME.

**Decision rationale:** Pursuant to the Official Disability Guidelines, DME: Home Slim Spa Unit for purchase is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical

purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are thoracic spine and lumbar spine muscle spasm; T11, T12 and L1 chronic healed compression fractures; L3 - L4 minimal disc bulge; and L3 - L4 mild bilateral neuroforaminal stenosis. According to a progress note dated March 18, 2015, the injured worker has 6/10 pain at the thoracic spine; moderate to severe pain at the lumbar spine (7/10). The documentation mentioned the DME home slim spa in the treatment plan. However, there was no clinical indication or clinical rationale for the DME enumerated in the medical record. Consequently, absent clinical documentation with a clinical indication or rationale for DME home slim spa, DME Home Slim Spa Unit purchase is not medically necessary.