

<b>Case Number:</b>	CM15-0074853		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

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 is a 51 year old male, who sustained an industrial injury on March 6, 2012, incurring low back injuries after lifting a box. Magnetic resonance imaging revealed a protruding lumbar disk. He underwent a lumbar laminectomy. He was diagnosed with lumbar degenerative disc disease. Treatment included epidural steroid injections, anti-inflammatory drugs, and muscle relaxant and pain medications. Currently, the injured worker complained of ongoing low back pain with numbness into the lower extremity. The treatment plan that was requested for authorization included twelve weight reduction swimming and water aerobic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Weight Reduction, Swimming and Water Aerobic Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. The request for authorization dated 3/30/15 documented a request for weight reduction, swimming, and water aerobics 2x6. Date of injury was 3/6/12. The pain management progress report dated March 18, 2015 documented that weight was 155 pounds and height was 5 feet 10 inches. "Physical examination is unchanged from January 14, 2015." No current physical examination was documented in the 3/18/15 progress report. Without a current physical examination, the request for aquatic exercise therapy is not supported. Therefore, the request for 12 weight reduction, swimming, and water aerobic sessions is not medically necessary.