

<b>Case Number:</b>	CM15-0091024		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: North Carolina, Georgia  
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 27 year old male injured worker suffered an industrial injury on 02/07/2014. The diagnoses included lumbosacral sprain/strain, lumbar muscle spasms, lumbar disc protrusion, rule out lumbar radiculitis and plantar fasciitis of the left foot. The diagnostics included left foot magnetic resonance imaging. The injured worker had been treated with On 4/10/2015 the treating provider reported stabbing low back pain 3/10 with tingling radiating to the left buttock associated with walking. He complained of constant moderate 4/10 dull and stabbing pain in the feet. On exam the lumbar spine range of motion was decreased and painful with tenderness and spasms. There was tenderness to the plantar aspect of the feet. The treatment plan included 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 twelve sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 22.

**Decision rationale:** CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self directed exercise program as do land based therapies. The medical records in this case document no intolerance of land based physical therapy. Aquatic therapy is not medically necessary and the original UR decision is upheld.