

<b>Case Number:</b>	CM15-0094378		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2015

### 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: Texas, California  
 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:

This is a 41 year old female patient, who sustained an industrial injury on 12/12/2009. The diagnoses include lumbar strain and lumbar disc bulges. Per the progress note dated 03/11/2015 she had painful heel to toe ambulation along with tightness and pain to palpation to the lower lumbosacral musculature. The pain level was rated a 7 on a scale of 0 to 10. She had normal lumbar spine range of motion with normal sensation and strength in lower extremities. The current medications list is not specified in the records provided. She has had a transcutaneous electrical nerve stimulation unit for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrotherapy for the lumbar spine, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 99.

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

**Decision rationale:** Request: Hydrotherapy for the lumbar spine, twice a week for four weeks. Per MTUS guidelines, aquatic therapy is "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, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition patient had normal lumbar range of motion with normal strength and sensation in bilateral lower extremities. Significant functional deficits that would require hydrotherapy is not specified in the records provided. The medical necessity of Hydrotherapy for the lumbar spine, twice a week for four weeks is not fully established for this patient.