

<b>Case Number:</b>	CM13-0019172		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54 year old injured worker with a date of injury on 2/7/11. The patient's diagnoses include: lumbar disc protrusion; lumbar myofascitis; right shoulder tendonitis; right shoulder myofascitis; right carpal tunnel syndrome; right ankle sprain/strain; right foot contusion; and right great toe contusion. The utilization review letter dated 8/19/13 stated that the patient has completed 24 physical therapy and aquatic therapy sessions without discussion by the treating provider of the functional gains made by the patient from the aquatic therapy. Recent medical treatment records have not demonstrated that the patient has weight bearing problems, gait issues, or instability. The progress report dated 8/2/13 by [REDACTED] noted that the patient has frequent low back pain, with radiation to the legs, right shoulder pain, right wrist pain with numbness in the hand and fingers, right ankle pain, and right great toe pain. Exam findings included tenderness and decreased ROM of the lumbar spine, right shoulder, right wrist, and right ankle. Additional aquatic therapy sessions were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy (lumbar spine, right shoulder, right wrist, right ankle) two times a week for six weeks:** 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 MTUS Chronic Pain Medical Treatment Guidelines states that continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no discussion by the attending provider in regards to any functional progress made by the patient toward treatment goals. Additionally, the MTUS supports aquatic therapy where reduced weight bearing is desirable, which has not been established by the recent medical records. The records indicate that the patient has received 24 aquatic therapy sessions in the past. The requested 12 sessions of supervised visits exceeds the recommended number of physical medicine visits by MTUS guidelines for myalgia and myositis, (9-10 visits). The request for aquatic therapy (lumbar spine, right shoulder, right wrist, right ankle) two times a week for six weeks are not medically necessary and appropriate.