

<b>Case Number:</b>	CM13-0032288		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/06/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Family Practice, and is licensed to practice in Texas and 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 56 year female who reported an injury on 3/6/08. The mechanism of injury information was not provided in the medical record. The most recent clinical note dated 11/13/13 stated that the patient continued to complain of pain to her lower back, left leg, and thoracic spine. The patient's balance had increased with use of a cane. There had been noted improvement with some of the patient's range of motion. Knee flexion was now 5/5, up from 4/5 on initial evaluation. Hip flexion remained unchanged from initial evaluation. Her straight leg raise flexibility for the right leg was 60 degrees (50 on evaluation), and her left leg flexibility was 55 degrees (53 at evaluation). Her gait continues to be slow but improving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient aqua therapy three times a week for six weeks for the lumbar spine and bilateral legs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Page(s): 23; 99-100.

**Decision rationale:** The California MTUS guidelines recommend a total of 10 visits of physical therapy; the patient has already participated in 18 physical therapy visits. The guidelines recommend that the patient continue active therapies at home as an extension of the treatment in order to maintain improvement levels. There is no documentation in the medical record of the patient participating in a home exercise program in conjunction with her active physical therapy. Due to the guideline recommendation limit of 10 visits for physical therapy, the patient having already exceeded that recommendation, and lack of sufficient documentation of active participation in a home exercise program by the patient, the request is non-certified.