

<b>Case Number:</b>	CM13-0046306		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 26 year-old male with a date of injury of 3/12/13. The injury occurred from sliding a body onto a gurney. A progress report included by [REDACTED], dated 7/7/13, identified subjective complaints of upper back pain into the left arm. Objective findings included tenderness of the mid-back and decreased range of motion. Diagnostics included a pending MRI of the lumbar and thoracic spines that were ultimately normal. Diagnosis was back strain/sprain. Treatment has included multiple oral medications and swimming. He has not undergone any surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**aqua physical therapy twice a week for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

**Decision rationale:** The MTUS states that low-stress aerobic exercise is recommended with low back pain. It also states that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. The frequency of visits for

neuralgia, neuritis, and radiculitis include 8-10 visits over four weeks. In general, the guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus the addition of active self-directed home physical medicine. Functional deficits are not documented, nor is the expected functional improvement from aqua therapy. Additionally, there is no documentation of self-directed home physical therapy. Therefore, the request is noncertified.