

<b>Case Number:</b>	CM13-0048090		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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:

This is a 59-year-old female employed as a teacher. The patient has a date of injury of August 31, 2012. The mechanism of injury is not noted. The patient had injured bilateral knees, left upper extremity, thoracic spine, and lumbar spine. The current diagnoses are mid back sprain and strain and internal derangement of the right knee. Treatment has included medications. The most recent report dated September 27, 2013, [REDACTED] states that the patient complains of persistent pain, muscle spasm, tightness and stiffness with difficulty sleeping. She has also tenderness along the thoracic and lumbar paraspinal muscle bilaterally. There is a request of aquatic physical therapy x12 sessions and massage therapy x12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) aquatic physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The request for aquatic therapy is denied. California Medical Treatment Utilization Schedule 2009 for chronic pain treatment guidelines recommends aquatic therapy

with documentation of patient's intolerance to gravity resistant land-based therapy. Per history, there is no documentation of failed land-based therapy and there is no documentation of patient's inability to tolerate the gravity resistant therapy program. Based on the information provided, the aquatic therapy is not necessary at this point.

**Twelve (12) massage therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** Based on the MTUS Guidelines, it is recommended for chronic pain cause for musculoskeletal conditions, a trial of 6 visits over two weeks with evidence of objective functional improvement with total of up to 18 visits over 6-8 weeks. Since this treatment has not been tried prior before, the patient should be given a benefit of doubt to try the massage therapy.