

<b>Case Number:</b>	CM13-0051038		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/12/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Interventional Spine 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 5'1", 146 lbs., 63 year-old female with a 3/12/11 industrial injury claim. She has been diagnosed with s/p 360 degree fusion (10/10/12); s/p right shoulder surgery on 12/5/12; GERD; cervical myofascial pain syndrome; bilateral knee sprain. The IMR application shows a dispute with the 9/27/13 UR decision. The 9/27/13 decision was from [REDACTED] for denial of aquatic therapy x8, based on the 8/12/13 medical report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 aqua therapy visits for the lumbar spine and right shoulder, 2 visits per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99.

**Decision rationale:** The patient is reported to have had lumbar surgery in Oct. 2012 and right shoulder surgery in Dec. 2012. She is no longer in the MTUS post-surgical physical medicine treatment timeframe, and MTUS chronic pain guidelines apply. The 6/28/13 PT notes records the

patient's pain level at 2/10. The 8/12/13 PR2 addendum by [REDACTED] does not provide an assessment of pain or progress with the therapy. The 11/25/13 reports low back and shoulder pain at 4/10. The 10/21/13 report states the patient is going through PT 2x/week and the pain level is 4/10. There is no mention of the total number of PT sessions the patient completed, and there are no current PT notes subsequent to 6/28/13. There is no documented functional improvement or reduction in pain or mention of quality of life with the PT provided. MTUS does not recommend continuing PT or any therapy without documented efficacy. The request is not in accordance with MTUS guidelines.