

<b>Case Number:</b>	CM13-0052919		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 female who sustained an injury on 7/14/03 while employed by [REDACTED]. The requests under consideration include Aqua therapy to the low back, three (3) times a week for four (4) weeks. A report dated 10/15/13 from provider noted review of right elbow MRI which showed mild subluxation at ulnar collateral ligament; MRI of right wrist which showed tear of triangular fibro cartilage complex and subluxation of distal ulnar due to partial-thickness tear of volar radial ulnar ligament and compressed median nerve. The exam of lumbar spine showed tenderness and spasm with restricted range of motion; SLR positive on right; left hand with TTP at first metacarpal joint; slight flexion contracture; tenosynovitis and right lateral elbow with laxity with varus stress; right wrist joint tender with reduced grip and crepitus on movement. The treatment plan included hand surgeon eval; continue therapy and follow-up in 4 weeks. Aquatic therapy above was non-certified on 10/31/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy to the low back, three (3) times a week for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

**Decision rationale:** Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of being very over weight that requires gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua therapy to the low back, three (3) times a week for four (4) weeks is not medically necessary and appropriate.