

<b>Case Number:</b>	CM13-0067990		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

This 53 year old female patient sustained an injury on 1/19/11 while employed by [REDACTED]. Request under consideration include Aqua therapy 2 times per week for 6 weeks. The patient is s/p lumbar fusion of L4-S1 on 1/21/13. Post-operative physical therapy of 24 sessions was certified with therapy update noting the patient has completed 8 of the 12 sessions as of 9/18/13. Report of 10/10/13 from provider noted patient's exam of the low back showing some tenderness through the para-lumbar region; active voluntary range of motion is limited with ff/ext/lateral bending 45/10/15 degrees; SLR negative; motor exam normal in all muscle groups of lower extremities; sensation was normal; DTRs 1-2+ symmetrical. The patient remained temporarily partially disabled with no lifting greater than 15 pounds and still benefiting from physical therapy. Report of 11/20/13 from provider noted the patient is still making some progress and should finish her physical therapy course over the next 4-6 weeks at which time she will be released as permanent and stationary. Exam showed ff/ext/bending of 45/10/15 degrees. Exam is unchanged from previous month. X-ray indicates the fusion is healing with 100% certainty. The patient continues with same work restrictions of 15 pounds limitation. Request for additional therapy above was non-certified on 12/2/13 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 2 times per week for 6 weeks:** 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 Physical Therapy, Aquatic therapy Page(s): 98-99.

**Decision rationale:** This 53 year old female patient sustained an injury on 1/19/11 while employed by [REDACTED]. Request under consideration include Aqua therapy 2 times per week for 6 weeks. The patient is s/p lumbar fusion of L4-S1 on 1/21/13. Post-operative physical therapy of 24 sessions was certified with therapy update noting the patient has completed 8 of the 12 sessions as of 9/18/13. Report of 10/10/13 from provider noted patient's exam of the low back showing some tenderness through the para-lumbar region; active voluntary range of motion is limited with ff/ext/lateral bending 45/10/15 degrees; SLR negative; motor exam normal in all muscle groups of lower extremities; sensation was normal; DTRs 1-2+ symmetrical. The patient remained temporarily partially disabled with no lifting greater than 15 pounds and still benefiting from physical therapy. Report of 11/20/13 from provider noted the patient is still making some progress and should finish her physical therapy course over the next 4-6 weeks at which time she will be released as permanent and stationary. Exam showed ff/ext/bending of 45/10/15 degrees. Exam is unchanged from previous month. X-ray indicates the fusion is healing with 100% certainty. The patient continues with same work restrictions of 15 pounds limitation. Request for additional therapy above was non-certified on 12/2/13 citing guidelines criteria and lack of medical necessity. 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 requiring continuation of Aqua therapy at this time. The patient is status-post lumbar fusion in January 2013, over 14 months ago and has completed at least 24 certified therapy visits. Exam show unchanged symptoms with unchanged clinical examination and work restrictions despite full course of therapy. 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