

<b>Case Number:</b>	CM13-0070681		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 30-year-old female sustained an injury to her low back on 6/24/13. The request under consideration includes additional aquatic therapy 2x/week x 3weeks lumbar. MRI (magnetic resonance imaging) of the lumbar spine showed small L4-5 disc extrusion abutting bilateral L5 nerve roots; otherwise without canal or neural foraminal stenosis. The patient failed lumbar epidural steroid injection on 8/28/13. Conservative care has included chiropractic treatment, medications, and disability status. Report of 11/25/13 from the provider noted patient with inability to bear weight on left leg with limping and low back pain radiating to left lower extremity. A PET/CT (Positron Emission Tomography - Computed Tomography) scan per 11/19/13 report was noted to be negative. Body mass index (BMI) was noted to be 42. The patient was approved for aquatic therapy in October. The current request for additional aquatic therapy was non-certified on 12/6/13 citing guidelines criteria and lack of medical necessity. &#x2666;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL AQUATIC THERAPY 2X/WEEK X 3 WEEKS LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The submitted reports have not adequately demonstrated the patient's intolerance to land-based therapy as recommended by the guidelines for diagnoses provided. Although the aquatic therapy has been previously completed, it appears no functional gains or pain relief has been achieved from the aquatic treatments already rendered. Although there is no report of lumbar or knee surgery requiring aquatic therapy, the patient is reported to be morbidly obese; however, the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of physical therapy 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 MTUS 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 physical therapy treatment already rendered including milestones of increased range of motion, strength, and functional capacity. A review of the submitted physician reports showed no evidence of functional benefit, unchanged or increased 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. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The request for additional aquatic therapy 2x/week x 3weeks lumbar is not medically necessary and appropriate.