

<b>Case Number:</b>	CM14-0002686		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas. 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:

The injured worker is a 52-year-old male who sustained an injury to the low back on 02/21/13 when he fell off a pallet jack at work. The patient stated he tried to break his fall with his right arm, but ended up landing on his back. The injured worker reported radiating pain going down the left leg. The injured worker also has right shoulder pain at 6/10 on the Visual Analogue Scale (VAS). Plain radiographs of the lumbar spine were abnormal and revealed degenerative disc disease with arthritic changes. Plain radiographs of the right shoulder were normal. The patient was diagnosed with lumbosacral sprain and strain/sprain of the right shoulder. The injured worker was given Omeprazole, Etodolac and Cyclobenzaprine. Orthotics were fitted and dispensed. Hot/cold packs and a lumbar support were also dispensed. The injured worker was placed on limited work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUATIC THERAPY, 2 TIMES A WEEK FOR 3 WKS TO THE LUMBAR SPINE:**

Upheld

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

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

**Decision rationale:** The request for aquatic therapy, two times a week for three weeks to the lumbar spine is not medically necessary. The previous request was denied on the basis that the injured worker had recent extensive physical therapy for his chronic condition. There was no subjective or objective benefit from the previous physical therapy visits. Furthermore, previous physical therapy notes outline the need for additional measures other than pursuing additional physical therapy as there was no improvement in pain or function. Therefore, the request for aquatic therapy two times a week times three weeks was not deemed medically necessary. There were no comorbidities identified such as extreme obesity or fibromyalgia that would indicate the injured worker is unable to perform traditional land-based physical therapy. There was no additional significant objective clinical information provided that would support the need for continued conservative care in the form of additional aquatic therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for aquatic therapy two times a week for three weeks to the lumbar spine has not been established.