

<b>Case Number:</b>	CM14-0011932		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Physical Medicine & 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:

According to the records made available for review, this is a 42-year-old female with a 7/22/11 date of injury, and status post L5-S1 fusion with artificial disc 1/27/07, status post posterior stabilization with pedicle screws 12/6/07, status post extensive debridement 12/15/07. At the time (1/22/14) of request for authorization for physical therapy additional pool therapy, lower back, there is documentation of subjective (low back pain, pain rated 6/10) and objective (forward flexion 75%, extension 50%, side bending L/R 75%, grossly 4/5 motor strength for bilateral hip flexors, 3/5 for bilateral hip extensors, and hip abductors, and 4/5 for knee extensors, flexors, EHL (Extensor Hallucis Longus), and tibialis anterior) findings, current diagnoses (lumbar strain, thoracic degenerative disc disease), and treatment to date (medications, acupuncture, spinal cord stimulator, activity modification, selective nerve root blocks, and physical therapy). 1/7/14 medical report identifies that pool therapy was significantly helpful. 1/2/14 physical therapy progress report identifies that the patient has been seen for 20 visits to date, and that pool therapy continues to be very beneficial in the patient's recovery with slight improvement with extension and side bend. There is no documentation that weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY ADDITIONAL POOL THERAPY, LOWER BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , AQUATIC THERAPY; PHYSICAL MEDICINE, 22; 98

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and thoracic degenerative disc disease. In addition, there is documentation of 20 physical therapy/pool therapy visits completed to date, which exceeds physical therapy/pool therapy guidelines, and that has been very beneficial in patient's recovery with slight improvement with extension and side bend. In addition, there is no documentation that weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for ( physical therapy) additional pool therapy, lower back is not medically necessary.