

<b>Case Number:</b>	CM14-0015304		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 67 year old female who reported an injury on 07/08/2008. The mechanism of injury is unclear in the documentation provided. In the clinical note dated 12/17/2013, the injured worker complained of pain being increased with activities such as lifting, bending, and stooping. It was also noted that the injured worker had moderate to moderate-severe pain in the knees bilaterally. In the physical examination of the cervical spine, it was noted that there was evidence of muscle spasm at the cervical spine, and a positive Addison test. In the physical examination of the lumbar spine, it was noted that the range of motion was restricted due to painful symptoms. Hyperextension of the lower back caused radiating pain to the left buttocks and muscle spasm. A positive straight leg raise was noted to the left side while the injured worker was sitting as well as in the supine position. It was also noted that the injured worker had increased pain to the knees upon flexion and walking. The diagnoses included disc herniation with moderate stenosis and glyptic changes in the spinal cord at C3-4, moderate size disc herniation with significant foraminal stenosis at C6-7, bilateral shoulder impingement, lateral epicondylitis essentially resolved, status post right carpal tunnel release, recurrent right carpal tunnel syndrome, left carpal tunnel syndrome, status post L3-5 interbody fusion with instrumentation dated 03/2011, and disc desiccation throughout the lumbar spine. The treatment plan included a referral for aquatic therapy given the fact that the injured worker was highly deconditioned and complained of significant pain to both knees and the lumbar spine, it was noted that the injured worker had a loss range of motion and needed to gain further strength in the hips, lower back, and lower extremities in order to enhance the healing process. It was also recommended that the injured worker continue with active physical therapy in the form of pool therapy until maximum medial improvement had been reached with regards to strength, range of

motion, and overall conditioning and flexibility. The injured worker was also given localized trigger point injections into the sacroiliac distribution in a sterile fashion using a combination of Depo-Medrol, Bupivacaine, and Lidocaine with no complications; it was noted that the injured worker had reduced pain immediately following the procedure. The Request for Authorization Form was submitted on 01/21/2014 and it included the request for more therapy 2 times a week for 6 weeks to address the knees and lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **AQUA THERAPY TWICE WEEKLY FOR 6 WEEKS, KNEES, AND LUMBAR SPINE.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 448, Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** The California MTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 8-10 sessions of physical therapy over 4-8 weeks. In the clinical notes provided for review, it was not indicated whether the injured worker has tried physical therapy or other forms of conservative therapy with or without efficacy. It was documented that the injured worker had pain to the knees upon flexion and walking. The clinical documentation lacked evidence of the injured worker being obese and/or having difficulty with weight bearing exercises. The provider did not include an adequate and complete assessment of the injured workers functional condition. The requesting physician's rationale for the requested aquatic therapy was not indicated within the provided documentation. Therefore, the request for aqua therapy twice weekly for 6 weeks to the knees and lumbar spine is not medically necessary and appropriate.