

<b>Case Number:</b>	CM14-0018421		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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:

The patient is a 47 year-old patient who sustained an injury on 1/30/12 while employed by [REDACTED]. Hand-written report of 12/17/13 from the provider noted persistent low back pain. Exam showed positive straight leg raising with treatment plan for aquatic therapy. Hand-written report of 1/16/14 from the physical therapist noted the patient with persistent constant low back pain rated at 8-9/10 radiating to right buttock and down entire right leg and foot with numbness and tingling. He is unable to work and is limited with ADLs. Exam showed non-antalgic gait; lumbar flexion/ext/bending/rotation at 20/10/100/40 degrees; motor strength diffuse at ankles, knees, and hips 3-5-/5 throughout with tenderness of the entire lumbosacral spine region; positive SLR; excessive guarding; with positive piriformis and slump tests. Request for aquatic therapy twice a week for six weeks for the lumbar spine was non-certified on 1/24/14 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:

#### **AQUATIC THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment 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. In this case, there is no clear measurable evidence of progress with the physical therapy 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 evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The request for aquatic therapy twice a week for six weeks for the lumbar spine is not medically necessary and appropriate.