

<b>Case Number:</b>	CM14-0132696		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 08/20/2010. The mechanism of injury was a fall. The diagnoses included cervical spine transection of spinal cord, weakness and limited range of motion of bilateral upper extremities, obstructive sleep apnea, and morbid obesity. Previous treatments included medication, injections, and physical therapy. Diagnostic testing included an MRI. Within the clinical note dated 05/19/2014 it was reported the injured worker complained of right shoulder pain. The injured worker reported undergoing physical therapy for the upper and lower extremities. Upon the physical examination the provider noted the injured worker had a positive Neer's and Hawkin's, impingement sign. The passive range of motion was full, with stiffness and pain at end ranges. The provider noted the injured worker had tenderness to palpation over the subacromial bursal space. The provider noted the injured worker is a quadriplegic. The provider requested physical therapy and aquatic therapy to maintain strength, muscle mass and range of motion. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (12 sessions for Upper and Lower Extremities): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

**Decision rationale:** The request for physical therapy, 12 sessions for the upper and lower extremities, is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia/myalgia, 8 to 10 visits of physical therapy are recommended. The number of sessions the injured worker has previously undergone is not submitted for clinical review. The number of sessions the provider is requesting exceeds the guideline recommendations of 8 to 10 visits of physical therapy. Therefore, the request is not medically necessary.

**Aqua Therapy (12 sessions for Upper and Lower Extremities):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for aquatic therapy, 12 sessions for the upper and lower extremities, is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based therapy for those individuals in whom reduced weightbearing is desirable. The guidelines note for neuralgia/myalgia, 8 to 10 visits are recommended. The number of sessions requested exceed the guideline recommendations of 8 to 10 sessions. Therefore, the request is not medically necessary.