

<b>Case Number:</b>	CM14-0135198		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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:

This 55-year-old female librarian sustained an injury on 9/1/08 while employed by a school district. Requests under consideration include Aquatic Therapy once weekly for 6 weeks, lumbar & cervical, and Land Therapy twice weekly for 6 weeks, lumbar & cervical. A report dated 5/27/14 from the provider noted the patient with ongoing neck, low back, and right knee symptoms associated with stiffness and radiation into the lower extremities. Exam of the cervical spine showed stiff range of motion with diffuse tenderness and spasm; exam of the lumbar spine showed limited range of flexion and extension (40 and 10 respectively); and there was diffuse paravertebral tenderness and spasm. Conservative care has included medications, therapy, heat/ice, home exercise program and modified activities/rest. A report dated 6/24/14 noted increased right shoulder pain after therapy with persistent neck and back stiffness and spasm. Cervical and lumbar spine exam remained unchanged with diffuse tenderness, spasm, and limited range, without neurological deficits identified. Treatment was physical therapy (PT) and the patient remained not working. The requests for Aquatic therapy and Land therapy were denied and modified, respectively, on 7/8/14, with the reviewer 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 once weekly for 6 weeks to the lumbar & cervical spine (total quantity of 6 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Aquatic Therapy does not seem appropriate as the patient has received land-based Physical Therapy (PT). There are no records indicating intolerance of treatment or incapacity to make the same functional gains with a land-based program, nor is there any medical diagnosis or indication to require aqua therapy at this time. The patient has not had recent lumbar or knee surgery, nor is there a diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. Also, she should have the knowledge to continue her functional improvement with a home-based exercise program. The patient has had formal sessions of PT and there is nothing submitted to indicate functional improvement from the treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. The patient has been instructed on a home exercise program for this injury. Per 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. However, there is no clear, measurable evidence of progress with the PT treatment already rendered, including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports shows no evidence of functional benefit; but rather, 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. Submitted reports have not adequately demonstrated support for the aquatic therapy request. Therefore, aquatic therapy once weekly for 6 weeks to the lumbar & cervical spine is not medically necessary and appropriate.

**Land therapy twice weekly for 6 weeks to the lumbar & cervical spine (total quantity of 12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Present complaints are continued chronic pain without neurological deficits identified. Submitted reports have noted an acute flare-up; however, they did not demonstrate specific physical limitations in activities of daily living (ADLs) or clinical limitations to support the use of physical therapy. 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. There are unchanged chronic symptom complaints, clinical findings, and the patient remained not working with recent certification for 6 PT visits. There is no record documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The patient is without

physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The land therapy, twice weekly for 6 weeks, to the lumbar & cervical spine is not medically necessary and appropriate.