

<b>Case Number:</b>	CM14-0137253		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/02/2008
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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, has a subspecialty in Interventional Spine 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 59-year-old male with an injury date of 12/02/2008. Based on the 04/09/2013 progress report, the patient complains of having neck pain which radiates to his bilateral arms, bilateral shoulder pain which radiates to his bilateral hands, lower back pain which radiates to his right leg, and bilateral knee pain which radiates to his bilateral ankles. The patient rates his pain as an 8/10 and this pain is relieved by taking medication. Examination of the cervical spine shows tenderness on palpation and palpable myospasms of the paraspinal muscles, upper trapezius muscles, and spinous processes from C1 through C5 bilaterally. In regards to the lumbar spine, the patient has tenderness on palpation and palpable myospasms of the paraspinal muscles and spinous processes from L1 through L5 bilaterally. There is also tenderness on palpation of the sacroiliac joints bilaterally. In regards to the bilateral shoulders, the patient has tenderness to palpation over the anterior and posterior aspects of the bilateral shoulders. Left knee examination demonstrates tenderness to palpation over the medial and lateral joint lines of the left knee. The patient has a positive straight leg raise on the right side as well as a positive Kemp's bilaterally. The 10/13/2012 MRI of the right shoulder revealed that the acromioclavicular joint separation is apparent. The MRI of the left shoulder revealed minimal acromioclavicular osteoarthritis. It also showed thickening of the infraspinatus tendon which is consistent with tendinitis. The 10/13/2012 MRI of the lumbar spine revealed the following: 1.Spondylotic change. 2.L3-L4; 1.2-mm posterior disk bulges effaces the ventral surface of the thecal sac; resulting in mild to moderate right neuroforaminal narrowing. On load-bearing views, the disk bulge measures 1.2mm. 3.L4-L5; grade 1 anterolisthesis is seen, resulting in mild right and mild to moderate left neuroforaminal narrowing. 4. L5-S1 1.2-mm posterior disk bulge effaces the ventral surface of the thecal sac, without evidence of canal stenosis or neuroforaminal narrowing. The disk bulge is stable on load-bearing views, measuring 1.2 mm. The 10/20/2012 MRI of the cervical spine revealed the

following: 1.Spondylotic changes. 2.Near complete obliteration of C5-C6 intervertebral disk. 3.C3-C4 1-mm posterior disk bulge is seen on extension views without canal stenosis or neuroforaminal narrowing. 4.C4- C5 1-mm posterior disk bulge without evidence of canal stenosis or neuroforaminal narrowing. The disk bulge is stable at 1 mm on extension views, but reduces to 0 mm on flexion views. 5. C6-C7 1.4 mm posterior disk bulge without evidence of canal stenosis or neuroforaminal narrowing. The disk bulge is stable on flexion and extension views, measuring 1.4 mm.The patient's diagnoses include the following: 1. Cervical spine herniated nucleus pulposus.2. Status post right shoulder surgery.3. Left shoulder rotator cuff tear.4. Left knee internal derangement.The Utilization Review determination being challenged is dated 08/04/2014. Two treatment reports were provided from 04/09/2013 and the date of the other report provided was not indicated.

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

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

**Physical therapy and aquatic therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22,99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical Medicine Page(s): 22; 98-99.

**Decision rationale:** Based on the 04/09/2013 progress report, the patient complains of having pain in his neck, bilateral shoulders, lower back, and bilateral knees. The request is for physical therapy and aquatic therapy x12. The report with the request was not provided. MTUS page 22 states that aquatic therapy "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity." In this case, there is no documentation of the patient being overweight (the patient weighs 158 pounds and is 5 feet 6 inches). The requested 12 sessions of pool therapy exceeds what is allowed by MTUS. The request is not medically necessary.

