

<b>Case Number:</b>	CM14-0155916		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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:

According to the records made available for review, this is a 49-year-old female with a July 11, 2002 date of injury. At the time of request for authorization for 8 physical therapy visits and 8 aquatic therapy visits, there is documentation of subjective (continued pain, right grips remains weaker than the left, still drops things, severe leg weakness and is falling at night, continued severe back and bilateral leg pain, pain and weakness in the right thigh and leg) and objective (back and bilateral leg pain, low back muscle spasms, right shoulder abduction limited to 30 degrees, swelling in the bilateral feet, weak right grip, right arm pain, swelling, and loss of function) findings, current diagnoses (discogenic degeneration lumbar, lumbar nerve root injury, muscle spasm, discogenic syndrome cervical, right arm pain, swelling, and loss of function), and treatment to date (physical therapy and medications). The number of physical therapy treatments completed to date cannot be determined. Regarding the requested 8 physical therapy visits, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Regarding the requested 8 aquatic therapy visits, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight physical therapy visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Upper Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neck and Upper Back, Physical Medicine Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten visits over four to eight weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorders without myelopathy not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of discogenic degeneration lumbar, lumbar nerve root injury, muscle spasm, discogenic syndrome cervical, right arm pain, swelling, and loss of function. In addition, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have already exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for eight physical therapy visits is not medically necessary or appropriate.

**Eight aquatic therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE; AQUATIC THERAPY Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment).ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders without myelopathy. Within the medical information available for review, there is documentation of diagnoses of discogenic degeneration lumbar, lumbar nerve root injury, muscle spasm, discogenic syndrome cervical, right arm pain, swelling, and loss of function. However, there is no documentation of an indication for which reduced weight bearing is indicated (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for eight aquatic therapy visits is not medically necessary or appropriate.