

<b>Case Number:</b>	CM14-0165276		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 63-year-old male with a reported date of injury of 07/12/2006. The injury reportedly occurred when the injured worker was standing on a ladder that leaned against a building and the ladder gave way, causing the injured worker to fall 6 to 8 feet, injuring his low back. His diagnoses were noted to include lumbago, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. His previous treatments were noted to include physical therapy, chiropractic treatment, acupuncture, epidural steroid injection, lumbar facet injection, and aquatic therapy. The physical therapy progress note dated 08/20/2014 revealed the injured worker had completed 16 sessions of physical therapy. The injured worker noted a little soreness after the previous physical therapy session, but indicated the soreness had subsided during this visit. The physical therapist indicated the injured worker required cues for correct exercise progression and sequencing in the pool, and had improved trunk stability and core control during strengthening and deep end exercises without an increase in complaints of pain after the treatment. The physical therapist indicated the injured worker had demonstrated compliance with a prescribed home exercise program. The progress note indicated the goal for an improved lumbosacral range of motion flexion was to at least 55 degrees to 60 degrees and he was able to put on socks and shoes with minimal to no difficulty. The progress note dated 08/26/2014 revealed improvements with aquatic therapy. The physical examination of the lumbar spine revealed decreased range of motion and neurological deficits. The Request for Authorization form was not submitted within the medical records. The request was for additional aquatic physical therapy 2x6 for the lumbar spine for decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Aquatic PT 2x6 - Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22 and 99.

**Decision rationale:** The request for additional aquatic physical therapy 2x6 to the lumbar spine is not medically necessary. The injured worker has completed 16 sessions of previous aquatic therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding the need for reduced weight bearing exercises for joints or extreme obesity. The injured worker has completed at least 16 previous sessions of aquatic therapy. Additionally, the request for 12 additional sessions of aquatic therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.