

<b>Case Number:</b>	CM14-0169672		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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, 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 62 year old with an injury date on 7/18/12. Patient complains of frequent cervical pain rated 4/10, constant lumbar pain, decreasing pain in bilateral hamstrings and left heel per 10/1/14 report. Patient also complains of "persistent stress" per 10/1/14 report. Based on the 10/1/14 progress report provided by the treater, the diagnoses are: 1. C-spine s/s2. L-spine status post (s/p) sx3. Stres4. Left ankleExam on 10/1/14 showed "L-spine range of motion limited with flexion at 55 degrees." Patient's treatment history includes lumbar spine laminectomy, aquatic therapy, spinal surgeon consultation, urine drug screen. The treater is requesting range of motion testing and continual aquatic therapy quantity: 12. The utilization review determination being challenged is dated 10/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar chapter, for ROM, Flexibility

**Decision rationale:** This patient presents with neck pain, back pain, and pain in hamstrings/left heel and is s/p bilateral laminectomies, S1, L5 from 1/31/14. The treater has asked for range of motion (ROM) testing. Review of the reports does not show any evidence of computerized range of motion being done in the past. Regarding computerized ROM testing, ODG recommend as a routine part of a physical examination. Computerized ROM separate from the routine musculoskeletal evaluation is not in accordance with ODG guidelines. In this case, the treater is asking for computerized range of motion testing performed on the same day as a f/u but does not explain why this is needed in addition to what the treater typically does as part of examination. The guidelines do not support or discuss a need for additional measuring, other than what the treater already does as part of examination. The request is not medically necessary and appropriate.

**Continue Aquatic Therapy, quantity: 12:** Upheld

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

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

**Decision rationale:** This patient presents with neck pain, back pain, and pain in hamstrings/left heel and is s/p bilateral laminectomies, S1, L5 from 1/31/14. The treater has asked for continue aquatic therapy quantity: 12 on 10/1/14. The patient has had prior aquatic therapy, but number of sessions is not indicated in reports. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no documentation of extreme obesity or need for reduced weight-bearing exercises. Furthermore, the requested 12 sessions exceeds MTUS guidelines for this type of condition. The request is not medically necessary and appropriate.