

<b>Case Number:</b>	CM14-0020874		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 & 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:

The patient is a [REDACTED] employee who has filed a claim for cervical intervertebral disc displacement and failed back syndrome associated with an industrial injury of October 13, 2008. So far, the patient has been treated with NSAIDs, opioids, muscle relaxants, and lumbar epidural steroid injection. The patient has had right knee surgery in 2009 and low back surgeries in August 2010. Review of progress notes indicate low back pain radiating to the left lower extremity with decreased sensation and positive straight leg raise test on the left. Electrodiagnostic studies from May 2012 showed mild bilateral carpal tunnel syndrome and right ulnar neuropathy at the elbow for the upper extremities, and bilateral S1 radiculopathy for the lower extremities. A lumbar MRI from June 2011 showed spondylosis at L4, L5, S1; a 2-3mm buldge at L4-5, and 3-4mm protrusion at L5-S1. Cervical MRI dated October 04, 2011 showed mild degeneration of the C2-3 through C6-7 discs with maintenance of normal disc height, development decrease in the sagittal dimension of the central canal from C2-3 through C7-T11 resulting in mild central canal stenosis at each level, and mild left neuroforaminal stenosis at C2-3. There is no evidence of nerve root impingement. The utilization review dated January 27, 2014 indicates that the claims administrator denied a request for physical therapy and aqua therapy to the lumbar spine and knees as there is no documentation of knee and neck symptoms; the deficit and goals were not provided; there is no documentation of home exercise program; and no documentation of failure of land-based therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY TO LUMBAR SPINE AND KNEES #6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, there was no description of the weight gain or documentation of patient's current weight or BMI. Also, there is no documentation of inability to perform land-based physical therapy. Recent progress notes also do not document any symptoms or findings referable to the knees. The request is not medically necessary.

**PHYSICAL THERAPY TO LUMBAR SPINE AND KNEES #6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is no documentation regarding functional goals. Also, progress notes indicate that patient has had previous physical treatment modalities, but there is no documentation given describing these. Recent progress notes also do not document any knee complaints or deficits referable to the knee. The request is not medically necessary.