

<b>Case Number:</b>	CM14-0021678		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 61-year-old female who sustained injuries to her low back, left foot, neck, left wrist and bilateral shoulders in September, 2009. The mechanism of injury was not documented. Treatment to date has included analgesic medications, transfer of care to and from multiple providers in various specialties, extensive periods off time of work and is currently on total temporary disability. Progress note dated 07/12/13 reported ongoing low back, neck and wrist pain. Physical examination noted 5/5 motor strength about the left upper extremity, despite diminished range of motion; normal gait; tenderness in the paraspinal musculature; diminished swelling around the L4 nerve root distribution; well-preserved bilateral shoulder range of motion with reduction to 170 bilaterally; tenderness about the bilateral lateral epicondyle and pain/crepitus about the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS WITH AQUA THERAPY TO THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on Chronic Pain Medical Treatment Guidelines, the request for physical therapy three times a week times six weeks with aqua therapy to the cervical spine is not medically necessary. The previous request was denied on the basis that the injured worker has had extensive physical therapy in the past, exceeding any recommendations and is now expected to be engaged in a self-directed home exercise program for maintenance of functional gains. There was no documentation of a self-directed home exercise program and any further physical therapy is not medically reasonable. After reviewing the clinical information submitted, there was no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy three times a week times six weeks with aqua therapy to the cervical spine has not been established.