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| <b>Case Number:</b>   | CM14-0027270 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 06/17/2011 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 02/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2014 |

### 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 injured worker is a 56-year-old female who reported an injury on 06/17/2011, who reportedly sustained an injury to her back while cleaning under an oven. The injured worker's treatment history included physical therapy, surgery, orthopedic gloves, MRI, X-ray, EMG/NCV studies and epidural steroid injections. The injured worker was evaluated on 04/20/2014, and it was documented that the injured worker had low back pain radiating into the right lower extremity. The physical examination of the cervical spine revealed tenderness to palpation to the lumbar paraspinal muscles. It was noted that she had decreased strength in her right lower extremity due to pain. The injured worker had undergone an EMG/NCV study that revealed electrodiagnostic evidence of right active on chronic L5-S1 radiculopathy. The injured worker's diagnoses included chronic pain syndrome of the thoracolumbar spine and worsening pain and numbness into the lower extremities. The medications included Norco, Tylenol and Naproxen, Flexeril and Omeprazole. The Request for Authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR AQUATIC THERAPY TWO TIMES SIX:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The diagnoses included chronic pain syndrome of the thoracolumbar spine, worsening pain and numbness into the lower extremities. It was noted that the injured worker had prior sessions of physical therapy; however, there was lack of documentation provided on the outcome measure and functional improvement. There was lack of documentation on the injured worker's outcome of conservative care such as pain medication management or home exercise regimen. Furthermore, the documentation lacked the injured worker long-term goal for functional improvement. The request submitted for the aquatic therapy exceeds the recommended amount of visits per the guidelines. Therefore, given the above, the retrospective request for aquatic therapy two times six (DOS: 11/21/13) is not medically necessary and appropriate.