

<b>Case Number:</b>	CM14-0039352		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

This 30 year-old patient sustained an injury on 7/21/07 while employed by [REDACTED]. The request(s) under consideration include eight aquatic therapy sessions for lumbar spine. The diagnoses include lumbago. The patient is status post L5-S1 lumbar fusion on 10/4/13 and continues to treat for ongoing chronic lower back, neck, and shoulder pain. The report on 3/4/14 from the provider noted patient with constant lower back pain radiating to right lower extremity; right shoulder and cervical spine pain. The exam showed tenderness of left cervical spine and lumbar spine with muscle spasm; tenderness of right shoulder subacromial space and acromioclavicular joint; positive impingement and restricted range of motion; and decreased sensation in right lower extremity. The request(s) for eight aquatic therapy sessions for lumbar spine was non-certified on 3/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT (8) AQUATIC THERAPY SESSIONS FOR LUMBAR SPINE BETWEEN 3/7/2014 AND 4/21/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to the submitted documentation for review, the patient is status post L5-S1 lumbar fusion on 10/4/13 without mentioned complications and has received has received post-operative physical therapy for this surgery over nine months passed. The patient continues to treat for ongoing chronic lower back, neck, and shoulder pain. The exam of spine found tenderness, muscle spasm, and diffuse decreased sensation in lower extremity; however, there is no report of extreme obesity or complications preventing the patient to participate in a land-based physical therapy program as previously done. Aquatic Therapy does not seem appropriate as the patient has received land-based physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require aqua therapy at this time. In addition, the patient is status-post lumbar surgery nine months passed without diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a home exercise program. The patient has completed formal sessions of physical therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. Furthermore, there is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per MTUS guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased range of motion, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The MTUS allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The submitted reports have not adequately demonstrated the indication to support for the pool therapy. As such, the request for eight aquatic therapy sessions for lumbar spine is not medically necessary and appropriate.