

<b>Case Number:</b>	CM14-0040477		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Pain Management 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 53 year-old patient sustained an injury on 8/31/07 while working. Requests under consideration include six months of aquatic therapy sessions. The report of 3/3/14 from the provider noted the patient with persistent chronic low back pain that radiates into bilateral lower extremities. Upper and lower endoscopy diagnosed hiatal hernia, gastroesophageal reflux disease, and diverticulitis. Medications list includes Opana ER, Nexium, Amrix, Lyrica, Lorazepam, Vanlapaxine, Deplin, Metformin, Doxazosin, Fioricet, Fish Oil, Biotin, Centrum Silver, Calcium, Vitamin D3, Vitamin B-complex, Ambien, and Flexeril. The exam noted antalgic gait; tenderness to palpation of lumbar spine, sacroiliac joint, piriformis muscle; myofascial spasm; positive left Lasegue. Treatment plan included continuing 6 months of aquatic therapy, medication regimen, and return office visit in one month. The requests for six months of aquatic therapy sessions were non-certified on 3/7/14 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:

**Six months of aquatic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

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

**Decision rationale:** 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. The patient is not status-post recent lumbar or knee surgery nor is there 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 (PT) and there is nothing submitted to indicate functional improvement from treatment already rendered. 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 the guidelines, PT 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 PT 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 Chronic Pain Guidelines allow for 9-10 visits of PT with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The six months of aquatic therapy sessions is not medically necessary and appropriate.