

<b>Case Number:</b>	CM14-0041213		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/20/2003
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational Medicine 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 60 year old female who was injured on 11/20/2003. She was injured when she was hit while driving. The patient underwent debridement of the left Achilles tendon with repair of partial tear of the left Achilles tendon on 12/12/2003. The patient was treated conservatively with a left L5 selective epidural steroid injection and a left S1 selective epidural steroid injection on 02/24/2004. Prior treatment history has included 12 sessions of physical therapy. Prior medication history included Norco, zolpidem, clonazepam, Senna, Flexeril, Colace, Lyrica, and Sumatriptan. Diagnostic studies reviewed included x-ray of the cervical spine dated 12/05/2003 revealed stable unremarkable anterior spinal fusion at C4-6. The progress report dated 02/14/2004 states the patient complained of increased neck pain after physical therapy. She also complains of left heel pain secondary to her left heel surgery. She rates her pain as an 8/10 without medications and with medications, a 7/10. She complains of low back pain and lower extremity pain. On exam, the cervical spine reveals 5/5 bilateral upper extremity strength. She has pain on range of motion of the cervical spine. The lumbar spine reveals tenderness over the L4-5 and L5-S1 lumbar paraspinals. There is pain with lumbar flexion and extension. Straight leg raise is positive bilaterally. The left ankle reveals positive swelling of the left lateral ankle. Diagnoses are degenerative disk disease of the lumbar spine, degenerative disk disease of the cervical spine, chronic pain syndrome, lumbar radiculitis, ankle pain, calcific Achilles tendonitis, status post cervical spinal fusion at C4-5 and C5-6 and fibromyalgia. The patient was scheduled for a lumbar epidural steroid injection on 01/20/2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 visits of pool therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The CA MTUS recommends that aquatic therapy is necessary in obese individuals and this patient has a failed back surgery syndrome. Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains (Tomas-Carus, 2007). The medical records document there is no objective functional improvement with post cervical spine surgery and bilateral total knee arthroplasty's. Based on the CA MTUS ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. Due to failed cervical fusion surgery the aquatic therapy is not medically necessary.

**Aquatic therapy (1-2 times a week for 4-6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS recommends that aquatic therapy is necessary in obese individuals and this patient has a failed back surgery syndrome. Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains (Tomas-Carus, 2007). The medical records document there is no objective functional improvement with post cervical spine surgery and bilateral total knee arthroplasty's. Based on the CA MTUS ODG guidelines and criteria as well as the clinical the request is not medically necessary. Due to the failed cervical fusion surgery the aquatic therapy is not medically necessary.