

CM14-0050784



<b>Case Number:</b>	CM14-0050784		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old female with date of injury of 08/22/2011. According to progress report 01/28/2014 by [REDACTED], this patient is 6 months' status post lumbar spine surgery. She also continues to be treated for her left shoulder and right thumb complaints. The patient's medication includes hydrocodone 5 mg and lidocaine patches. The treating physician recommends continuation of aqua therapy for the cervical spine and lumbar spine, 2 times a week for 6 weeks. Utilization review denied the request on 03/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of aquatic therapy for the neck and low back (2x6): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, pages 98-99.

**Decision rationale:** This patient presents with chronic neck and low back pain. He is 6 months status post lumbar spine surgery. The treating physician recommends continuation of aquatic therapy 2 times a week for 6 weeks. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS page 98 and 99 under physical medicine recommends 9 to 10 sessions for various myalgia and myositis-type symptoms. AME report indicates the patient had 12 post operative physical therapy following the July 2013 back surgery. There are no physical therapy notes documenting the patient's progress. In this case, the treating physician's request for 12 additional therapy sessions exceeds what is recommended by guidelines. Furthermore, the treating physician does not indicate that there is any weight bearing restrictions in this patient. The request is not medically necessary.