

<b>Case Number:</b>	CM13-0040539		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on August 28, 2008. The diagnoses have included post laminectomy syndrome and myalgia. Treatment to date has included physical therapy, aqua therapy, chiropractor, injections and medications, L5-S1 fusion in November 2010. Currently, the injured worker complains of cervical, thoracic, and lumbar spine pain and right upper extremity and lower extremity pain. In a progress note dated September 24, 2013, the treating provider reports examination revealed, extreme tenderness to palpation over bilateral lumbar, thoracic and cervical paraspinals as well as rhomboid and right upper and lower extremities, decreased range of motion in the cervical spine, weakness in the left deltoid and right deltoid, and weakness in the bilateral lower extremities, positive Spurling's test and straight leg test. The current request is for PT and Aqua Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AQUA THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LOWER BACK:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 99.

**Decision rationale:** Per the guidelines, Aquatic therapy is recommended as an alternative to land-based physical therapy, specifically where decreased weight bearing is needed or recommended, for example in obesity. The number of recommended supervised sessions for aquatic therapy is the same as those recommended for land-based therapy: For myalgia and myositis 9-10 visits recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8-10 visits recommended over 4 weeks. Per the records supplied, the patient, whose complaints include myalgias and radiculitis, has participated in traditional physical therapy in the past without documented benefit. Likewise, the records indicate patient has already participated in aquatic therapy without documented benefit. The records do not indicate any quantifiable improvement with either therapy, and there is no documentation of a specific reason why patient would need aquatic therapy instead of traditional land-based physical therapy. Furthermore, the most recent documentation available on the patient is April 2014, so there is no current information on patient condition/needs. Without clear indication for aquatic therapy and without current exam or complaints, and without evidence of recent failed physical therapy, the request for aquatic therapy is not medically necessary.

**PHYSICAL THERAPY (LAND THERAPY) TWICE A WEEK FOR SIX WEEKS FOR THE LOWER BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages/acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the MTUS guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. For the patient of concern, the records supplied indicate that the patient, whose complaints include myalgias and radiculitis, has participated in traditional physical therapy in the past and aquatic therapy in the past without documented benefit. The records do not indicate any quantifiable improvement with either therapy, and there is no documentation of a specific reason why patient would need aquatic therapy instead of traditional land-based physical therapy. Furthermore, the most recent documentation available on the patient is April 2014, so there is no current

information on patient condition/needs. Without current exam or complaints to be addressed by therapy, the request for physical therapy is not medically necessary.