

<b>Case Number:</b>	CM14-0119035		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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 is a female patient with the date of injury of February 14, 2014. A Utilization Review dated July 18, 2014 recommended non-certification of water PT 1-2 times per week for 3-6 weeks to the neck, back and shoulder. A Supplemental Report dated June 10, 2014 identifies Subjective Complaints of significant pain in the lower back that spreads to the bilateral lower back and then to the bilateral posterior thighs. Physical Exam identifies muscular tenderness (bilateral paraspinal and trapezius tenderness) present, decreased cervical spine range of motion, tenderness greater trochanter bilaterally, and decreased range of motion of the lumbar spine. Assessment identifies myofascial pain syndrome, cervical spine sprain, lumbar muscle strain, left shoulder muscle strain, and right shoulder muscle strain. Plan identifies attended 6 sessions of land physical therapy, but had flare-up of symptoms, request aquatic PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Physical Therapy 1-2 times per week for 3-6 weeks to the back and shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for Aqua Physical Therapy 1-2 times per week for 3-6 weeks to the back and shoulder, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested Aqua Physical Therapy 1-2 times per week for 3-6 weeks to the back and shoulder is not medically necessary.