

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0123768 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 12/29/2009 |
| <b>Decision Date:</b> | 01/08/2015   | <b>UR Denial Date:</b>       | 07/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2014 |

### 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 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 39 year old male who suffered a work related injury on 12/28/2009. He has diagnoses of lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar sprain/strain, elevated blood pressure, and hypertension. In a progress note dated 6/24/2014 the injured worker complains of constant moderate dull, achy, sharp low back pain, stiffness and weakness which is aggravated by sitting, standing, walking, driving and bending. Pain on date of service is rated 7 out of 10. There is tenderness to palpation of the lumbar paravertebral muscles, and muscle spasm of the lumbar paravertebral muscles. Kemp's is positive bilaterally and straight leg raise is positive bilaterally. Gait is slow and guarded and ranges of motion are decreased and painful. The orthopedic physician in a report dated 5/20/2014 is recommending lumbar/sacral surgery. Treatment has included physical therapy, chiropractic treatment, and acupuncture treatment, with no documented number of visits or results of treatment present. He has also received lumbar epidural steroid injections and takes medications. The injured worker has had 6 aquatic therapy treatments. Cardiopulmonary testing has also been done. The request is for aquatic therapy treatments 3 times a week for 6 weeks (lumbar spine). The Utilization Review dated 07/08/2014 non-certifies aquatic therapy treatment 3 times a week for 6 weeks (lumbar spine), citing the California MTUS Chronic Pain Medical Treatment Guidelines. Aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy three (3) times per week for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines: Aquatic therapy Page(s): 22; 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 07/03/14): Physical therapy

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

**Decision rationale:** The injured worker has had 6 aquatic therapy treatments. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. Treatment has included physical therapy, chiropractic treatment, and acupuncture treatment, with no documented number of visits or results of treatment present. 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 aquatic 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 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 MTUS Guidelines, physical therapy 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 physical therapy treatment already rendered including milestones of increased range of motion (ROM), 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 MTUS Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy 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. Therefore, the requested aquatic therapy three times per week for six weeks for the lumbar spine is not medically necessary and appropriate.