

<b>Case Number:</b>	CM14-0202513		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who reported cumulative trauma from 2003 to 2010. The mechanism of injury was unspecified. Her diagnoses included lumbosacral neuritis, lumbar sprain, brachial neuritis, shoulder sprain, and myalgias. Past treatments included medication and physical therapy. On 11/21/2014, the injured worker complained of onset neck, upper and lower back pain as well as pain in her right shoulder with numbness in the bilateral upper extremities. Her pain scale was rated 6/10 to 8/10 on a pain scale without medications and reduced to 2/10 with medications. The physical examination revealed the cervical lumbar range of motion was slightly to moderately restricted in all planes. However examination also indicated multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic lumbosacral spinal musculature as well as in the gluteal muscles. Sensation was also noted to be decreased in left index and middle fingers along with decreased sensation in the L5-S1 dermatomes. Her relevant medications included hydrocodone/APAP 10/325 mg, omeprazole 20 mg, and Xanax 1 mg. The treatment plan included Home exercise program 2 x 3 sessions for cervical spine, lumbar spine, and right shoulder for muscle stretching exercises and 6 sessions of aquatic therapy for the cervical, lumbar and right shoulder to aid in general strengthening, physical conditioning and mood elevation. A Request for Authorization Form was submitted on 10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise program 2 x 3 sessions for cervical spine: Upheld**

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

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

**Decision rationale:** The request for Home exercise program 2 x 3 sessions for cervical spine is not medically necessary. According to The California MTUS, physical medicine is recommended as indicated below. As active therapy can be used sparingly to help control swelling, pain, and inflammation during the rehabilitation process, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain treatment levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The patient was indicated to have completed 12 sessions of physical therapy visits. However there was lack of documentation in regard to objective functional improvement. In addition, the request would exceed the number of visits recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such the request is not medically necessary.

**Home exercise program 2 x 3 for lumbar spine: Upheld**

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

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

**Decision rationale:** The request for Home exercise program 2 x 3 for lumbar spine is not medically necessary. According to The California MTUS, physical medicine is recommended as indicated below. As active therapy can be used sparingly to help control swelling, pain, and inflammation during the rehabilitation process, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain treatment levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The patient was indicated to have completed 12 sessions of physical therapy visits. However there was lack of documentation in regard to objective functional improvement. In addition, the request would exceed the number of visits recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such the request is not medically necessary.

**Home exercise program 2 x 3 sessions for the right shoulder: Upheld**

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

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

**Decision rationale:** The request for Home exercise program 2 x3 sessions for the right shoulder is not medically necessary. According to The California MTUS, physical medicine is recommended as indicated below. As active therapy can be used sparingly to help control swelling, pain, and inflammation during the rehabilitation process, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain treatment levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The patient was indicated to have completed 12 sessions of physical therapy visits. However there was lack of documentation in regard to objective functional improvement. In addition, the request would exceed the number of visits recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such the request is not medically necessary.

**Aquatic therapy sessions 2 x 3 weeks (6 sessions) for the cervical/lumbar spine and right shoulder:** Upheld

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

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

**Decision rationale:** The request for Aquatic therapy sessions 2 x 3 weeks (6 sessions) for the cervical/lumbar spine and right shoulder is not medically necessary. According to The California MTUS, aquatic therapy may be recommended as an optional form of exercise therapy where available as an alternative to land based physical therapy to minimize effects of gravity, specifically is recommended for reduced weight bearing. As active therapy can be used sparingly to help control swelling, pain, and inflammation during the rehabilitation process, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain treatment levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The patient was indicated to have completed 12 sessions of physical therapy visits. However there was lack of documentation to indicate a medical necessity to reduce weight bearing to include obesity or for a post-surgical procedure. There was also lack of documentation of a clear rationale for the medical necessity of aquatic therapy as the patient has undergone physical therapy with lack of documentation in regard to objective functional improvement. Based on the above, the request is not supported by the evidence based guidelines. As such the request is not medically necessary.