

<b>Case Number:</b>	CM14-0208348		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 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 26 year old female sustained a work related injury on 9/24/2012. The mechanism of injury was reported to be injury from lifting and loading trailer tires. The current diagnoses are chronic moderate-to-severe myofascial pain syndrome of the thoracolumbar spine, bilateral L4-5 radiculopathy, major depressive disorder, anxiety disorder, and panic attacks. According to the progress report dated 11/7/2014, the injured workers chief complaints were constant upper and lower back pain. Associated symptoms included pain and numbness in the bilateral lower extremities. She reports greater than 60-70% pain relief with her current medication regimen. Additionally, she reports an aggravation of her depression and anxiety, but notes greater than 50% improvement with the use of Prozac and Xanax. She reported severe difficulty sleeping without medications. The physical examination revealed moderately restricted range of motion of the thoracic and lumbar spine. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as the gluteal muscles. She could not perform heel-to-toe gait well with the right foot and leg. Romberg was negative. Sensation to fine touch and pinprick was decreased in the posterior aspect of the right leg. On this date, the treating physician prescribed HSE swimming pool exercises, which is now under review. The HSE swimming pool exercises was prescribed specifically to aid in general strengthening, physical conditioning, and mood elevation. In addition to the HSE swimming pool exercises, the treatment plan included psychological evaluation, Hydrocodone/APAP, Xanax, Fluoxetine, Mirtazapine, urine drug screen, home muscle stretching exercises, deep breathing type meditation, and follow-up appointment. The injured worker was previously treated with epidural steroid injections, physical therapy, and 12 aqua therapy sessions. When the HSE swimming pool exercises were first prescribed work status was temporarily totally disabled. On 12/01/2014, Utilization Review had non-certified a prescription for HSE swimming pool

exercises. The swimming pool exercises were non-certified based on no documentation of morbid obesity or failed back surgery syndrome, which are two accepted indications for considering water-based exercise therapy. The California MTUS Medical Treatment Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HSE swimming pool exercises:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** 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 Aqua 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 PT 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 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 PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain 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. The HSE swimming pool exercises is not medically necessary and appropriate.