

<b>Case Number:</b>	CM15-0003921		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 48-year-old male who reported an injury on 04/16/2012. The mechanism of injury was not submitted for review. The injured worker is status post lumbar decompression and fusion with no improvement. Past medical treatment consisted of surgery, physical therapy, epidural steroid injections, and medication therapy. No pertinent diagnostics were submitted for review. On 09/19/2014, the injured worker was seen for a follow-up visit where he reported back pain which he rated at a 6/10. Physical examination of the lumbar spine revealed flexion limited to 50/60 degrees and extension limited to 10/25 degrees. Right bend was 25/25 degrees and left bend was 25/25 degrees. There was no tenderness to palpation over the spinous process. Motor strength was 5/5 bilaterally in all planes. Sensation was intact in all dermatomes. Deep tendon reflexes were 2+. The treatment plan was for the injured worker to continue with medication therapy and 12 sessions of aquatic physical therapy for the lumbar spine. A rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic physical therapy 2x6, lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98, 99.

**Decision rationale:** The request for aquatic physical therapy 2 times 6 for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines indicate that for treatment of myalgia and myositis, 9 to 10 visits are recommended, and neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The submitted documentation indicated that the injured worker had previous physical therapy sessions. However, the efficacy of the prior sessions were not submitted for review. Additionally, there was no evidence indicating that the injured worker had a diagnosis congruent with the above guidelines. Furthermore, there was no reason submitted for review as to why the injured worker would not benefit from a land based home exercise program versus aquatic therapy. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. Additionally, the request as submitted is for 12 sessions, exceeding recommended guideline criteria. As such, the request is not medically necessary.