

<b>Case Number:</b>	CM15-0018947		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	06/26/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 53-year-old male who reported an injury on 06/27/2006. The mechanism of injury was not specifically stated. The current diagnoses include left shoulder sprain/strain, status post lumbar interbody fusion, status post revision decompression of the lumbar spine, severe bilateral lower extremity radiculopathy, and failed back syndrome. The injured worker presented on 01/13/2015 for a follow-up evaluation with complaints of constant pain and stiffness in the left shoulder, as well as ongoing pain and stiffness in the lumbar spine with radiation into the bilateral lower extremities. The injured worker was unable to ambulate and presented in a wheelchair. Upon examination of the left shoulder, there was tenderness to palpation over the tip of the acromion, supraspinatus tendon tenderness, left scapular region tenderness, positive impingement and drop arm test, flexion to 132 degrees, extension to 21 degrees, abduction to 124 degrees, adduction to 17 degrees, internal rotation to 56 degrees, external rotation to 59 degrees, and weakness with flexion and abduction. Examination of the lumbar spine revealed tenderness to palpation with spasm, referred pain to the bilateral buttocks and lower extremities, positive straight leg raise at 40 degrees bilaterally, positive Lasegue's test bilaterally, grade 4/5 weakness, trace patellar and Achilles reflexes, decreased sensation over the L4-S1 nerve roots, and normal skin temperature and venous status. Recommendations at that time included additional physical therapy twice per week for 6 weeks. A Request for Authorization form was submitted on 01/27/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op Aquatic PT 3x6 Lumbar:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend aquatic therapy as an alternative form of exercise therapy and as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. In this case, it is noted that the injured worker has participated in a previous course of physical therapy. There is no documentation of significant functional improvement. Despite ongoing treatment, the injured worker presents in a wheelchair and is unable to ambulate independently. Given the above, additional treatment would not be supported. As such, the request is not medically appropriate.