

<b>Case Number:</b>	CM15-0141745		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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

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 54 year old female, who sustained an industrial injury on 12-24-2003. She has reported injury to the low back. The diagnoses have included lumbar spine sprain and strain with bilateral lower extremity radiculopathy, right greater than left; bilateral hip trochanter bursitis secondary to altered gait; gastrointestinal bleeding and constipation secondary to medication use; coccygodynia bilateral sacroiliac joint sprain; and status post L3-S1 fusion, in 02/2014. Treatment to date has included medications, diagnostics, aquatic therapy, home exercise program, physical therapy, and surgical intervention. Medications have included Ultram, Anaprox, Zolpidem, Neurontin, and Zanaflex. A progress report from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with bilateral lower extremity pain that is flared-up; about two weeks ago, she did some walking and sitting and pain was really intense; pain is rated at 8-9 out of 10 on the pain scale without medications; and pain is rated at 3 out of 10 on the pain scale with medications. It is noted that past sessions of aquatic therapy were very helpful to strengthen her and enabled her to move and exercise. Objective findings included tenderness to palpation of the bilateral lumbar paravertebral muscles with spasm; bilaterally positive straight leg raising test; patchy hypoesthesia of the bilateral lower extremities; and decreased ranges of motion of the lumbar spine. The treatment plan has included the request for aqua therapy 2 x 3, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2x3, 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. 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 (last in January 2014) 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 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 Aqua therapy 2x3, 6 sessions is not medically necessary.