

<b>Case Number:</b>	CM15-0166570		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 (IW) is a 25 year old female who sustained an industrial injury on 07-24-2014. She reported a slip and fall. The injured worker was diagnosed as having thoracolumbar strain-sprain, cervical sprain-strain, and right ankle sprain, rule out fracture. Treatment to date has included chiropractic care and acupuncture for the back without benefit. The worker is being treated for a right foot fracture and thoracolumbar pain that occurred after the injury. A MRI of the right lower extremity joint (09-16-2014) reported peroneus brevis tendinopathy, soft tissue mass in region of extensor tendons, and a tear of tibiotalar meniscal homologue. A consultation with a foot specialist was requested (05-22-2015). Currently, the injured worker complains of thoracolumbar pain. A MRI has been done, but as of 07-17-2015, the provider had not received the report. Objectively, the IW has full range of motion of the lumbar spine with pain at the end of the range of motion. There is tenderness along the thoracic and lumbar para-spinal muscles with palpable guarding and a twitch response. Medications include Ultracet once daily. The IW has not had physical therapy for the low back and the treatment plan is for aquatic therapy due to her sensitivity. A request for authorization was submitted for Aquatic Physical therapy 2x5 weeks for the thoracolumbar spine. A utilization review decision (07-31-2015) stated the reviewer was unable to support the request as there was little rationale given to support water based therapy over land based therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Physical therapy 2x5 weeks for the thoracolumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The patient was injured on 07/22/15 and presents with thoracolumbar pain and right foot pain. The request is for Aquatic Physical Therapy 2x5 Weeks For The Thoracolumbar Spine. The RFA is dated 07/22/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had any prior aquatic therapy sessions. MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy Section, page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improves some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient has tenderness along the thoracic and lumbar para-spinal muscles with palpable guarding and a twitch response. She is diagnosed with thoracolumbar strain-sprain, cervical sprain-strain, and right ankle sprain, rule out fracture. Treatment to date has included chiropractic care and acupuncture for the back without benefit. There is no indication of any recent surgery the patient may have had. There is no explanation as to why aquatic therapy is needed as opposed to land-based or home-based therapy. There is no extreme obesity nor the need for reduced weight bearing exercises. Furthermore, the requested 10 sessions of aquatic therapy exceeds what is allowed by MTUS Guidelines. The requested aquatic therapy is not medically necessary.