

<b>Case Number:</b>	CM15-0186217		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/13/1997
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 66 year old female who sustained an industrial injury on 6-13-97. The medical records indicate that the injured worker was treated for lumbalgia; 2 millimeter disc bulges, lumbar spine; facet capsular tears; rotator cuff impingement with acromioclavicular arthrosis, glenohumeral osteoarthritis; severe facet sclerosis of the lumbar spine; multilevel degenerative disc disease; degeneration of the sacroiliac joints. She currently (9-8-15) complains of burning, achy lumbar, upper and mid back pain with radicular pain, weakness in the bilateral legs. The pain level was 5 out of 10. She has substantial benefit from medications. On physical exam there was decreased light sensation in the L5 dermatome on the right; lumbar spine revealed positive Gainslen's maneuver, left, positive Patrick's maneuver, left, there was pain to palpation over the L3-4, L4-5 and L5-6 facet capsules bilaterally, myofascial pain with triggering, ropey fibrotic banding bilateral and positive Stork test left and has worsened since last evaluation. Diagnostics include multiple x-rays of the hips, sacrum, coccyx, lumbar spine. Treatments to date include medications: Aciphex, amitriptyline, Aspirin, Celebrex, Cymbalta, Lidoderm Patch, Lunesta, Lyrica, rabeprazole, Zanaflex; neurolysis of L1, 2, 3, 4, 5 nerve roots (2-8-08); status post shoulder surgery; status post radiofrequency neurotomy right L1-5 (92012) with 50% improvement. The request for authorization dated 9-8-15 was for aquatic therapy, 10 sessions. On 9-15-15 Utilization review non-certified the request for aquatic therapy 10 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Aquatic therapy 10 sessions Qty 10: Overturned**

**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 presents on 10/06/15 with lower back pain rated 3/10. The patient's date of injury is 06/13/97. The request is for Aquatic therapy 10 sessions Qty 10. The RFA is dated 10/06/15 and an identical RFA was also submitted on 09/08/15. Physical examination dated 10/06/15 reveals that the patient presents with difficulty walking, reduced muscle strength in the bilateral lower extremities, positive Pelvic thrust, positive FABER maneuver bilaterally, positive Gaenslen's, Stork's and Patrick's tests on the left, pain with rotational extension indicative of facet capsular tears bilaterally, and the treater notes several fibrotic muscle bands. The patient is currently prescribed Aciphex, Amitriptyline, Celebrex, Aspirin, Cymbalta, Eszopiclone, Glucophage, Hydroxychloroquine, Lidocaine patches, Lisinopril, Lunesta, Lyrica, Norco, Pancrease, Rabeprazole, Tenormin, Tolazimide, and Zanaflex. Patient is currently classified as permanent and stationary. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects 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". MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". In regard to the 10 sessions of aquatic therapy for the management of this patient's lower back pain and gait instability, the requesting is appropriate. The documentation provided indicates that this patient has completed a course of aquatic therapy in 2003, though a thorough review of the records does not reveal any recent treatment sessions. Utilization review non-certified this request on grounds that during a peer-to-peer phone call, the requesting provider indicated that this patient had completed 6 sessions of aquatic therapy, though these sessions appear to have been carried out in 2003 and do not constitute recent treatment. Reduced weight-bearing techniques such as aquatic therapy are traditionally utilized for obese patients for whom land based physical therapy is excessively difficult. While this patient presents with normal BMI, the provider indicates that she has an unstable gait and reduced strength in the bilateral lower extremities, particularly in her hips. Given this patient's presentation, the lack of recent aquatic therapy, and the conservative nature of such treatments, a course of 10 aquatic therapy sessions falls within guideline recommendations and could produce significant benefits for this patient. Therefore, the request is medically necessary.