

<b>Case Number:</b>	CM15-0030137		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female patient who sustained an industrial injury on 9/29/2014. The current diagnosis includes lumbar strain. She sustained the injury due to slipped on wet floor. Per the physical therapy note dated 1/30/2015, she had complaints of lumbar pain with spasms. Physical examination of the lumbar spine revealed tenderness, spasm, decreased end range of motion in right rotation and right side bending with pain. The medications list includes robaxin, norco and ibuprofen. She has had a lumbar spine magnetic resonance imaging dated 10/28/14 which revealed minimal annular disc bulging at L4-5 and L5-S1. Per the records provided she has had at least 15 physical therapy visits for this injury. The Utilization Review Determination on 1/22/2015 non-certified Physical Therapy, Land and Aquatic Sessions, 3 times a week for 3 weeks for the Low Back, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Land and Aquatic Sessions, 3 times a week for 3 weeks for the Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98 Aquatic therapy, page 22.

**Decision rationale:** Request: Physical Therapy, Land and Aquatic Sessions, 3 times a week for 3 weeks for the Low Back Per MTUS guidelines, 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Any medical need for reduced weight bearing status is not specified in the records provided. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had at least 15 physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy, Land and Aquatic Sessions, 3 times a week for 3 weeks for the low back is not established for this patient at this time.