

<b>Case Number:</b>	CM15-0036264		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Internal Medicine

### 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 55 year old female, who sustained an industrial injury on 3/8/2013. She reported being in a motor vehicle accident and developing neck, low back, bilateral knee and bilateral lower extremity pain. The diagnoses have included cervical radiculopathy, lumbar radiculopathy, bilateral foot pain, bilateral knee pain and bilateral shoulder pain. Treatment to date has included electromyography (EMG), magnetic resonance imaging (MRI), aqua therapy and medication. According to the progress report dated 1/26/2015, the injured worker complained of constant neck pain radiating down the left upper extremity. The pain was accompanied by tingling constantly in the bilateral upper extremities. The neck pain was associated with bilateral temporal headaches. The injured worker also complained of low back pain that radiated down the bilateral lower extremities. She complained of pain bilaterally in the fingers, hips, thighs, knees, calves, ankles and feet. Average pain was rated 6/10 with medications. She also reported chronic, gastroesophageal reflux disease related medication associated gastrointestinal upset. She reported that the use of pool therapy was helpful. Gait was analgesic and slow; she used a walker to ambulate. Cervical exam revealed spasm and tenderness. Thoracic and lumbar exam revealed spasm and tenderness. The treatment plan was for aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Pool Therapy, 8 sessions, Lumbar and Cervical Spine: 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 Aquatic therapy, Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment, ODG Preface Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The Internal Medicine consultation note dated 11/4/14 documented that the patient is alert and active. The patient walks with the assistance of a cane. Weight was 220 pounds. Height was 5 feet 5 inches. Date of injury was 3/8/13. Physical therapy report dated 12/29/14 documented decreased gait velocity. The patient participated in a rehabilitation program with an admission date of 12/8/14. The primary treating physician's progress report dated 2/13/15 documented lumbar spine flexion 60 degrees, extension 20 degrees, lower extremity motor strength 5/5, and normal sensation. The medical records documented that the patient participated in land-based physical therapy as part of a rehabilitation program in December 2014. Official Disability Guidelines (ODG) indicate that patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The request for additional physical therapy, in the form of aquatic therapy, would exceed ODG guideline recommendations, and is not supported. Therefore, the request for aqua pool therapy is not medically necessary.