

<b>Case Number:</b>	CM15-0056598		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Hawaii  
 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 36 year old female who sustained an industrial injury on 9/19/13. The injured worker reported symptoms in the back, upper and lower extremities. The injured worker was diagnosed as having lumbar degenerative disc disease, thoracic spondylosis, partial tear of rotator cuff, unspecified internal derangement of knee. Treatments to date have included physical therapy, acupuncture treatment, and opioid analgesia. Currently, the injured worker complains of pain in the back, upper and lower extremities. The plan of care was for aqua therapy, chiropractic treatments and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy, 2 times weekly for 8 weeks:** 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 Page(s): 22.

**Decision rationale:** The patient presents with a variety of pains including pain in the right shoulder, right arm, the fingers of both hands, and the posterior cervical area, particularly on the right side. There were also complaints of low back pain as well as left hip pain and left knee pain. Additionally there were complaints of bilateral foot and toe pain, particularly the second toes bilaterally. The current request is for aqua therapy, 2 times weekly for 8 weeks. Per the UR dated 2/25/15 (5B) the patient was certified with 12 physical therapy visits to date and 8 sessions of aqua therapy on 06/03/14. The treating physician states on 2/16/15 (13B) that the patient had 1-week aqua therapy that helped some. The patients height is recorded as 64 inches, weight as 170 pounds, with a body mass index of 29. The treating physician recommends a gentle course of physical therapy including aqua therapy and gentle chiropractic therapy to facilitate further healing. MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. In this case, the clinical records do documented obesity but do not provided documentation of any possible benefit from reduced weight bearing exercise. Additionally, MTUS only allows 8-10 sessions of aquatic therapy for the diagnoses of myalgia/myositis, the type of condition this patient suffers from. UR dated 2/25/15 indicates that the patient was authorized for 8 aquatic therapy sessions in June 2014. The clinical history provided does not specify the number for aquatic sessions that have been completed to date nor the objective functional improvements obtained from those sessions. The request for 16 additional sessions based upon the prior 8 sessions would exceed MTUS guidelines. Therefore, the current request is not medically necessary and the recommendation is for denial.

**Chiropractic treatment, 1 time weekly for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Manual Therapy & Manipulation Page(s): 99, 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 56-60.

**Decision rationale:** The patient presents with a variety of pains including pain in the right shoulder, right arm, the fingers of both hands, and the posterior cervical area, particularly on the right side. There were also complaints of low back pain as well as left hip pain and left knee pain. Additionally, there complaints of bilateral foot and toe pain, particularly the second toes bilaterally. The current request is for chiropractic treatment, 1 time weekly for 8 weeks. Per the UR dated 2/25/15 (5B) the patient was certified with 12 physical therapy visits to date and 8 sessions of aqua therapy on 06/03/14. The treating physician recommends on 2/16/15 (13B) "a gentle course of physical therapy including aqua therapy and gentle chiropractic therapy to facilitate further healing." MTUS Guidelines support initial chiropractic treatment, a trial of 6 visits over a two week period of time, and with functional improvement up to 18 visits. The current request exceeds what MTUS allows for a trial of chiropractic therapy. The current request is not medically necessary and the recommendation is for denial.