

<b>Case Number:</b>	CM15-0088229		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Indiana, New York  
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 48 year old female who sustained an industrial injury on 6/30/00. The injured worker was diagnosed as having spinal stenosis of lumbar region, lumbosacral spondylosis without myelopathy, sciatica, thoracic or lumbosacral neuritis or radiculitis, unspecified, rotator cuff (capsule) sprain and strain, insomnia due to medical condition and post-traumatic stress disorder. Currently, the injured worker was with complaints of lower back pain. Previous treatments included physical therapy, aqua therapy, home exercise program, medication management, transcutaneous electrical nerve stimulation unit, heating pad and ice. The plan of care was for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (Aquatic based) one to two times per week for 120 days in treatment of the rotator cuff, thoracic and lumbar spine, QTY: 35: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy (aquatic) 1 to 2 times per week 120 days for treatment rotator cuff, thoracic and lumbar spine #35 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are spinal stenosis lumbar region; lumbosacral spondylosis without myelopathy; sciatica; thoracic or lumbosacral neuritis; rotator cuff sprain and strain; insomnia; posttraumatic stress disorder; and acute venous embolism and thrombosis of the vessels distal lower extremity. The medical record does not contain documentation of prior physical therapy or the total number of physical therapy sessions to date. The injured worker is engaged in a home exercise program. There is no height, weight or BMI documented in the medical record. There is no clinical rationale by the treating provider indicating why aquatic therapy is clinically indicated/preferred over land-based therapy. There is no documentation indicating reduced weight bearing is clinically indicated. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is clinically warranted. There is no clinical rationale for #35 sessions of additional physical therapy. Consequently, absent compelling clinical documentation with evidence of objective functional improvement from prior physical therapy, total number of physical therapy sessions previously rendered, a clinical rationale for an additional 35 sessions, and a rationale for reduced weight bearing in the absence of a height, weight and BMI, physical therapy (aquatic based) 1 to 2 times per week 120 days in treatment of the rotator cuff, thoracic and lumbar spine #35 sessions is not medically necessary.