

<b>Case Number:</b>	CM14-0123633		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 33-year-old male who was injured on 03/11/2014. The mechanism of injury is unknown. Prior treatments include 12 physical therapy sessions (6 physical therapy and 6 aqua), and the patient reports he feels that he is getting stronger with pool therapy, without hurting himself. Additionally, the patient is performing physical therapy home exercises and stretches, and there is no mention of failure with the home exercise program. Request for Authorization dated 07/03/2014 documented the patient to have complaints of back and leg pain. Specifically, the patient complained of intermittent thoracic and lumbar spine pain, radiating down the legs. Objective findings on the exam included diffuse tenderness along the central lower thoracic spine through the lumbar spine. There is fairly full range of motion, with lateral flexion of 45 degrees bilaterally and lateral rotation of 30 degrees bilaterally. The patient can squat to 90 degrees without back pain. The patient is diagnosed with thoracic strain and lumbosacral strain. The patient was recommended for a 1-year pool pass and 12 additional physical therapy sessions once per week for 12 weeks for core strengthening. Prior utilization review dated 07/18/2014 determined additional physical therapy is not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One-Pool Pass:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY; PHYSICAL MEDICINE Page(s): 22; 98-99.

**Decision rationale:** According to 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. For recommendations on the number of supervised visits, see Physical medicine." In this case a request is made for a pool pass for a 33 year old male with chronic low back pain. However, medical records do not establish a need for reduced weight bearing. The patient already completed 12 visits of therapy, which exceeds guideline recommendations for number of visits. The patient is working regular duty and has no significant functional deficits on physical examination. The patient should be well-versed in a home exercise program at this point. Medical necessity is not established.

**Physical Therapy X12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** According to MTUS guidelines, physical medicine is recommended up to 10 visits over 8 weeks for chronic low back pain. In this case a request is made for 12 additional physical therapy visits for a 33 year old male with chronic low back pain. However, according to provided records, the patient already completed 12 visits of therapy. The patient is working regular duty and has no significant functional deficits on physical examination. The patient should be well-versed in a home exercise program at this point. Medical necessity is not established.