

<b>Case Number:</b>	CM14-0147822		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/19/1999
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation 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:

This 41 year-old patient sustained an injury on 8/19/1999 when he fell from a truck while employed by [REDACTED]. Request(s) under consideration include 12 Aquatic Therapy Sessions. Diagnoses list backache, unspecified; and Pain in limb. Physical therapy report of 7/31/14 noted the patient s/p L. Achilles tendon and plantar fascia. Aquatic therapy has provided decreased pain with higher activity; sleep remains poor without comfortable rest position. The patient has past medical history of Diabetes, hypertension, Lymphoma, and Gout. There is no history of lumbar surgery. Exam noted unable to transfer to table to measure lumbar spine range; hip and knee motor strength of 4-/5 bilaterally. Patient noted increased pain for 2-3 days after each aquatic session. Plan included continuing with aquatic treatment for additional 12 sessions. Medications list Norco, Cymbalta, Trazodone, Ranitidine, Medical marijuana, Amlodipine, Metformin, Benazepril, Atenolol, Colchicine, and Baclofen. Report of 8/7/14 from the provider noted the patient with ongoing chronic backache and limb pain. Exam showed well-developed, well-nourished, no acute distress; pleasant and cooperative; in an electric wheelchair; no sedation or cognitive issues; able to hold conversation and answer questions; no difficulty focusing or with memory recall. Conservative treatment has included therapy (land and aquatic), medications, and modified activities/rest. Report of 9/9/14 showed unchanged symptom complaints, unchanged clinical findings with appeal for aquatic therapy. No new information provided in report. The request(s) for 12 Aquatic Therapy Sessions was non-certified on 8/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Aquatic Therapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Therapy. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), page 98

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** This 41 year-old patient sustained an injury on 8/19/1999 when he fell from a truck while employed by [REDACTED]. Request(s) under consideration include 12 Aquatic Therapy Sessions. Diagnoses list backache, unspecified; and Pain in limb. Physical therapy report of 7/31/14 noted the patient s/p L. Achilles tendon and plantar fascia. Aquatic therapy has provided decreased pain with higher activity; sleep remains poor without comfortable rest position. The patient has past medical history of Diabetes, hypertension, Lymphoma, and Gout. There is no history of lumbar surgery. Exam noted unable to transfer to table to measure lumbar spine range; hip and knee motor strength of 4-/5 bilaterally. Patient noted increased pain for 2-3 days after each aquatic session. Plan included continuing with aquatic treatment for additional 12 sessions. Medications list Norco, Cymbalta, Trazodone, Ranitidine, Medical marijuana, Amlodipine, Metformin, Benazepril, Atenolol, Colchicine, and Baclofen. Report of 8/7/14 from the provider noted the patient with ongoing chronic backache and limb pain. Exam showed well-developed, well-nourished, no acute distress; pleasant and cooperative; in an electric wheelchair; no sedation or cognitive issues; able to hold conversation and answer questions; no difficulty focusing or with memory recall. Conservative treatment has included therapy (land and aquatic), medications, and modified activities/rest. Report of 9/9/14 showed unchanged symptom complaints, unchanged clinical findings with appeal for aquatic therapy. No new information provided in report. The request(s) for 12 Aquatic Therapy Sessions was non-certified on 8/20/14. Aquatic Therapy does not seem appropriate as the patient had received previous land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The 12 Aquatic Therapy Sessions is not medically necessary and appropriate.