

<b>Case Number:</b>	CM14-0160760		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with a 10/13/08 date of injury. At the time (9/10/14) of request for authorization for aquatic therapy cervical neck, lumbar spine, bilateral knees, QTY: 6.00 and physical therapy cervical neck, lumbar spine, bilateral knees, sty 6.00, there is documentation of subjective (neck pain, low back pain, bilateral knee pain, and right ankle numbness and tingling) and objective (no pertinent findings) findings, current diagnoses (cervical spine disc bulges, status post lumbar spine surgery in 2010, status post right knee surgery in 2009, and left knee strain), and treatment to date (physical therapy (unknown amount) and medications). The number of previous physical therapy treatments cannot be determined. Regarding aquatic therapy cervical neck, lumbar spine, bilateral knees, QTY: 6.00, there is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Regarding physical therapy cervical neck, lumbar spine, bilateral knees, sty 6.00, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy cervical neck, lumbar spine, bilat knees, qty: 6.00: 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 physical medicine Aquatic therapy Page(s): 22, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Knee, Aquatic therapy, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders and knee strain. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc bulges, status post lumbar spine surgery in 2010, status post right knee surgery in 2009, and left knee strain. However, there is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy cervical neck, lumbar spine, bilateral knees, QTY: 6.00 is not medically necessary.

**Physical therapy cervical neck, lumbar spine, bilat knees, qty 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Neck & Upper Back; Knee, <Insert Topic (for example Total Knee Arthroplasty)), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any

treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorder and knee strain not to exceed 12 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc bulges, status post lumbar spine surgery in 2010, status post right knee surgery in 2009, and left knee strain. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy cervical neck, lumbar spine, bilateral knees, QTY 6.00 is not medically necessary.