

<b>Case Number:</b>	CM14-0165127		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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, has a subspecialty in Interventional Spine 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 51 year old male with an injury date of 06/12/14. Based on the 09/04/14 progress report, the patient is coming in for a follow up of a concussion to the head. The patient complains of pain radiating down to his neck, bilateral shoulders, right mid back and bilateral hips. He describes this pain as severe in intensity and it is aggravated by walking, prolonged sitting, standing, and heat. He also has headaches, nausea, dizzy spells, blurred vision, and mild bleeding from laceration area on top of his head. In regards to his eyes, the patient is positive for diplopia intermittent. The patient's neck has a decreased range of motion. The 09/11/14 report provides the same subjective and objective findings. The patient's diagnoses include the following: 1. Laceration on the finger(s); 2. Scalp laceration healed; 3. Lumbar compression fracture; 4. Multiple thoracic compression fractures; 5. Closed rib fracture; 6. Post-concussion syndrome with continuing dizziness and weakness; 7. Blurry vision. The utilization review determination being challenged is dated 09/19/14. Treatment reports are provided from 06/12/14-09/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy to lumbar spine 3x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**Decision rationale:** Based on the 09/04/14 report, the patient presents with pain radiating down to his neck, bilateral shoulders, and right mid back and bilateral hips. The request is for Aqua Therapy to the Lumbar Spine 3x6. The rationale is that there is "no evidence indicating that claimant has issues with weight bearing or is extremely overweighted." Review of the reports does not indicate that the patient had any prior aquatic therapy. MTUS guidelines page 22 states that 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." In this case, there is no discussion provided as to why the patient needs aquatic therapy and cannot complete land based therapy. None of the reports mention if the patient is obese. Recommendation is that the request is not medically necessary.

**Physical Therapy to thoracic spine 3x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** Based on the 09/04/14 report, the patient presents with pain radiating down to his neck, bilateral shoulders, and right mid back and bilateral hips. The request is for Physical Therapy to Thoracic Spine 3x6. The rationale is that the patient has already had 12 sessions of physical therapy and there is no complication to recovery. "There appeared to be no findings of progressive deficits that would support the need for further physical therapy." MTUS guidelines pages 98 and 99 allow for 9-10 visits over 8 weeks for myalgia and myositis. For neuralgia, neuritis, and radiculitis, guidelines allow for 8-10 visits over 4 weeks. For reflex sympathetic dystrophy, the patient is allowed up to 24 visits over 16 weeks. In this case, the patient has already had 12 sessions of physical therapy and an additional 18 sessions of therapy would exceed what MTUS guidelines allow. Recommendation is that the request is not medically necessary.