

<b>Case Number:</b>	CM14-0170509		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 & 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 patient sustained an injury on 9/17/13 while employed by [REDACTED]. Request(s) under consideration include aquatic therapy two to three times a week for six weeks. Therapy report of 8/1/14 from therapist noted diagnoses of lumbar spine strain/sprain rule out HNP. It was noted the patient has completed 16 physical therapy (PT) sessions since 6/16/14. Clinical findings were essentially unchanged with lumbar flex from 34 degrees on 6/16/14 to 35 degrees on 8/1/14; rotation of 43 to 37 degrees; hip flex motor exam of 4 to 4+/5 and knee extension of 4+ to 5- with sitting tolerance of 15 to 20-30 minutes after almost 2 months of therapy. Treatment plan was to complete current PT prescription then discharged from supervised PT. Illegible hand-written report of 7/17/14 noted low back pain aggravated by aqua rehab; right shoulder pain; frequent. Exam showed right shoulder tender right biceps; painful range; tender and "popeye" right upper arm painful. Diagnoses include lumbar spine s/s; and right rotator cuff tear. Treatment included home exercise; continue aqua rehab; refill Naproxen and Prilosec. The patient remained TTD. Prescription from the provider on 7/17/14 had aquatic therapy for diagnoses of lumbar spine sprain/strain and rotator cuff tear. The request(s) for aquatic therapy two to three times a week for six weeks was non-certified on 9/23/14 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:

**Aquatic therapy two to three times a week for six weeks: 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 Therapy Page(s): 98-99.

**Decision rationale:** Aquatic therapy does not seem appropriate as the patient has received 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 in status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The patient has completed formal sessions of physical therapy (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 as well as 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 9-10 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. Therefore, the aquatic therapy two to three times a week for six weeks is not medically necessary and appropriate.