

<b>Case Number:</b>	CM14-0173232		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

The injured worker is a 59-year-old female who reported an injury on 03/02/2010. The mechanism of injury was due to a trip and fall. The injured worker has a diagnosis of status post mild traumatic brain injury, bilateral knee meniscus injury, and degenerative disc disease of the cervical spine, cervical sprain/strain, and lumbar sprain/strain. Past medical treatment consists of physical therapy and medication therapy. Medications consist of Neurontin and Nuedexta. Diagnostics consist of MRI scans of the knees bilaterally and CT scans of the cervical spine. On 09/25/2014, the injured worker complained of neck pain. Physical findings revealed that the injured worker's neck was limited in all directions with tenderness. She had decreased sensation to light touch on the left to right side. Medical treatment plan is for the injured worker to continue with physical therapy/aquatic therapy. Rationale was not submitted for review. The Request for Authorization form was submitted on 09/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy/Aquatic Therapy 2-3 x 3-4 to cervical:** 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, Aquatic Therapy Page(s): 98, 88.

**Decision rationale:** The request for Physical Therapy/Aquatic Therapy 2-3 x 3-4 to cervical is not medically necessary. It was documented in the submitted medical records that the injured worker had previous sessions of physical therapy. On progress note, dated 09/25/2014, it was indicated that the injured worker had limited range of motion in all directions with tenderness to the cervical spine. It was also noted that there was decreased sensation to light touch bilaterally. Submitted documentation did not indicate how many physical therapy sessions the injured worker has completed to date. The guidelines recommend up to 10 visits of physical therapy. Furthermore, patients are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. There was no documentation in the submitted report indicating that the injured worker was continuing with a home exercise program. Furthermore, there was no rationale submitted to warrant the continuation of physical therapy. Regarding the aquatic therapy, the submitted report lacked any quantified evidence regarding how the injured worker would benefit from aquatic therapy. Additionally, there were no functional impairments currently noted in the injured worker's physical exam. There was also no pertinent range of motion and motor strength in the submitted report. According to the guidelines, aquatic therapy is recommended for extreme obese patients. There were no diagnoses congruent with the above guideline. It is unclear how the injured worker would benefit from additional physical therapy/aquatic therapy, instead of a land based home exercise program. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.