

<b>Case Number:</b>	CM15-0123347		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 57 year old female, who sustained an industrial injury on 07/05/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical/thoracic/lumbar spine sprain/strain, bilateral trigger fingers, bilateral wrist sprain, and bilateral heel pain. Treatment and diagnostic studies to date has included medication regimen and at least five sessions of pool physical therapy. In a progress note dated 05/07/2015 the treating physician reports complaints of low back pain with pressure radiating to the left leg with pinching, intermittent neck pain, bilateral leg pain, pins and needle sensation to the bilateral buttocks, upper back pain, swelling to the bilateral hands with the right greater than the left, and anxiety and depression. Examination reveals tenderness with muscle spasms at lumbar one through five, positive bilateral straight leg raises, and tenderness with muscle spasms at thoracic six through eight. The medical records provided included five sessions of pool physical therapy. The physical therapy re-evaluation performed on 04/20/2015 noted that the injured worker's functional status has improved secondary to physical therapy with the injured worker meeting the goals of performing an independent home exercise program and decreased pain measured on a visual analog scale. The treating physician requested pool therapy two times a week times four weeks to the cervical/thoracic/lumbar spine and physical therapy once a week times four weeks to the cervical/thoracic/lumbar spine as recommended by the treating physical therapist noting previous physical therapy with pool therapy as indicated above.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 2xwk x4wks cervical/thoracic/lumbar spine:** 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 Aquatic therapy and Physical medicine Page(s): 22 and 98-99.

**Decision rationale:** Pool therapy 2xwk x 4wks cervical/thoracic/lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The documentation is not clear how much total PT the patient has had for her cervical/thoracic /lumbar spine. The documentation does not indicate that the patient cannot participate in land-based therapy. The patient has participated in prior PT and it is not clear why the patient cannot participate in an independent home exercise program. The request for 8 supervised sessions of pool therapy is not medically necessary.

**Physical therapy 1xwk x 4wks cervical/thoracic/lumbar spine:** Upheld

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

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

**Decision rationale:** Physical therapy 1x wk x 4 wks cervical/thoracic/lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The documentation is not clear how much total PT the patient has had for her cervical/thoracic /lumbar spine. The documentation does not indicate that the patient cannot participate in land-based therapy. The patient has participated in prior PT and it is not clear why the patient cannot participate in an independent home exercise program. The request for 4 supervised sessions of PT is not medically necessary.