

<b>Case Number:</b>	CM13-0007684		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Medicine, and is licensed to practice in Texas and Florida. 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 is a 51 year old who sustained injury on 2/7/2001. The diagnoses listed on the most current progress note are bilateral knees pain, low back pain, depression, insomnia and groin pain. The patient had suffered chronic knees pain for many years prior to the injury. The medications listed by [REDACTED] are Ambien for insomnia, Elavil for depression, MS Contin and Roxicodone for pain. The duration of use for these medications was not specified in the records provided. There is no documentation of exacerbation of the musculoskeletal pain or recent reduction in physical activities due to pain. A Utilization Review decision was rendered recommending non-certification of 1 year Gym membership for Aqua Therapy for the low back and knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 YEAR GYM MEMBERSHIP FOR AQUA THERAPY FOR THE LOW BACK AND BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46-47, 98-99.

**Decision rationale:** The CA MTUS addressed the use of Physical Therapy in the treatment of chronic musculoskeletal pain. Aquatic Therapy is an optional form of exercise that is an alternative to land-based physical therapy. Aquatic therapy minimizes the effects of gravity when reduced weight bearing is desirable resulting in reduction of pain associated with exercise and increase in exercise endurance. The records does not indicate that the patient meets this special criteria. There is no indication that the patient cannot do a home exercise program. A Gym based exercise program cannot be effectively monitored by treating providers for effectiveness, compliance or progress. There is no documented acute exacerbation of the chronic pain or deterioration of function that can be improved by a course of physical therapy.