

<b>Case Number:</b>	CM13-0035143		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine and 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 60-year-old female who reported an injury on 10/19/2009. The mechanism of injury was not stated. Current diagnoses include CRPS in the left lower extremity, and rule out left lumbar facet pain. The claimant was evaluated on 09/23/2013. The claimant reported persistent lower back pain with left lower extremity pain. Physical examination revealed non-weightbearing of the left lower extremity, hypersensitivity, and slight atrophy. Treatment recommendations included aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY 3 X WEEK FOR 12 WEEKS:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. As per the

documentation submitted, the employee's physical examination does reveal non-weightbearing of the left lower extremity. However, California MTUS Guidelines state physical medicine treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Physical medicine treatment for CRPS or reflex sympathetic dystrophy includes 24 visits over 16 weeks. The current request for 36 sessions of physical therapy greatly exceeds guideline recommendations. There is also no specific body part listed in the current request. Therefore, the request for aquatic therapy three times a week for twelve weeks is not medically necessary and appropriate.