

<b>Case Number:</b>	CM13-0036918		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Internal Medicine and is licensed to practice in Arizona. 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 43-year-old morbidly obese female who was injured in July 2010 when she bent over to clean up some black marks on the flooring. She developed lumbar back pain which worsened over the next months as she continued to do repetitive squatting and prolonged standing. Additionally, she had bilateral knee pain that also worsened with the mandatory standing through the work day. The original Request for authorization also reported that the patient had cervical pain, but the current medical records indicate that was an issue that predated the patient's employment (therefore non-industrial). This patient has been regularly assessed. She has undergone multiple MRI's which revealed the patient to have lumbar disc protrusions at L4-5, L5-S1. EMG was normal. She additionally was found to have a right knee medial meniscus tear and underwent a knee surgery in February 2012. This patient has undergone Chiropractic therapy, Physical Therapy, and acupuncture. She states she does do the home exercises that she has been taught; but, she is limited by the pain. There was mention that she has had 13 sessions of aquatic therapy from April through December 2012 and wanted to resume them in September 2013. The patient's medications include Norco 10/325mg BID, Flexeril, Prozac, and Protonix. She is 245 pounds with a height of 5'2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions Aquatic Therapy 2x/wk for 4 weeks for the lumbar spine, cervical spine and bilateral knees: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.2-9792.26, page(s)22, 47and 99 of 127 Page(s): 22,47 and 99 of 127.

**Decision rationale:** The MTUS recommends Aquatic therapy both as an alternative to land based physical therapy and as part of an exercise program. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Because this patient is not able to exercise at home because of pain she might benefit from a self-directed swimming regimen. It is not intended to offer Supervised Physical Therapy or Aquatic therapy with unlimited frequency. This patient did complete 13 sessions over an 8 month timeframe. To recommend the number of supervised Therapy visits, the MTUS treats Aquatic Therapy similar to Physical Therapy. Specifically, it is stated to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. For myalgia and myositis, 9-10 visits over 8 weeks is suggested, and with neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is suggested. This patient had a frequency more than this; thus this request for additional Aquatic Therapy is being deemed not necessary.