

<b>Case Number:</b>	CM13-0045134		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 62 year old male who reported an injury on 02/09/2005. The patient is diagnosed with tarsal tunnel syndrome bilaterally, status post left L3, L4 and L5 hemilaminectomy with contralateral laminoplasty, unspecified peripheral neuropathy, status post right knee arthroscopic chondroplasty of the patella, cochlea, and medial femoral condyle with partial synovectomy in 2001, status post left shoulder arthroscopic surgery in 2005, status post right shoulder arthroscopic surgery in 2006, status post right knee patellofemoral arthroplasty in 2008, chronic pain syndrome, and tibial tendinitis. The patient was seen by [REDACTED] on 09/25/2013. The patient reported lower back spasms and right hip pain. Physical examination revealed no acute distress, 5/5 muscle strength in bilateral lower extremities, functional gait, and normal lumbar range of motion. Treatment recommendations included L4-5 and L5-S1 facet joint medial branch block injections, as well as aquatic therapy twice per week for 6 to 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Additional Aquatic Therapy Two Times a Week for Four Weeks:** Upheld

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

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

**Decision rationale:** California MTUS 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 weightbearing is desirable, for example extreme obesity. As per the documentation submitted, the patient has previously participated in physical and aquatic therapy. Although the patient reported benefitting from aquatic therapy, there is no documentation of objective measurable improvement. Furthermore, the patient's physical examination on the requesting date of 09/25/2013 revealed normal range of motion of the lumbar spine, 5/5 muscle strength in bilateral lower extremities, and a functional gait. There is no documentation of a musculoskeletal or neurological deficit. There is also no indication that this patient is nonweightbearing and requires aquatic therapy versus land based physical therapy. Based on the clinical information received, the request is noncertified.