

<b>Case Number:</b>	CM13-0048390		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic shoulder pain, and bilateral knee arthritis reportedly associated with an industrial injury of January 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of aquatic therapy and physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 17, 2013, the claims administrator denied a request for 15 additional sessions of physical therapy. The applicant's attorney subsequently appealed. An earlier handwritten note of October 4, 2013 is difficult to follow, notable for multifocal constant neck, low back, and knee pain despite completion of prior aquatic therapy. Limited range of motion and tenderness of multiple body parts is appreciated. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aquatic therapy three (3) times a week for five (5) weeks for a total of fifteen (15) visits:** 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.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in who reduced weight bearing is desirable, as, for instance, those individuals with extreme obesity. In this case, the applicant was a candidate for aquatic therapy. She did have multifocal neck, low back, and knee issues which apparently limited her ambulation. She did obtain prior unspecified amounts of aquatic therapy. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, however, there must be demonstration of functional improvement at various points in time in order to justify continued treatment. In this case, however, the fact that the applicant remains off of work, on total temporary disability, several months removed from the date of injury implies a lack of functional improvement with prior unspecified amounts of aquatic therapy. Continuing aquatic therapy in this context is not indicated given the lack of functional improvement as defined by the parameters established in MTUS 9792.20f. Therefore, the request remains non-certified.