

<b>Case Number:</b>	CM13-0048441		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/30/2013
<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 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 & Rehabilitation and is licensed to practice in Texas. 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 patient is a 62-year-old male who reported injury on 02/09/2005. The mechanism of injury was not provided. The patient was noted to have continued pain of a 4/10 that was achy and sharp in the bilateral ankle, knee joints, and feet. It was indicated the increased foot pain had caused the patient to walk in an altered manner which had irritated the original injury of the knee and ankle. The patient was noted to have participated in 20 sessions of aquatic therapy. The patient's diagnoses were noted to include bilateral pes planus, tendonitis of the tibialis muscle, tarsal tunnel syndrome and lumbar radiculitis. The request was made for 12 additional sessions of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL AQUATIC THERAPY (12 SESSIONS): 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 Aquatic Therapy, and Physical Medicine Page(s): 22,98-99.

**Decision rationale:** California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is

desirable. The guidelines indicate the treatment for myalgia and myositis is 9-10 visits and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review indicated the patient was approved for 20 sessions of aquatic therapy. There was a lack of documentation of how many sessions were participated in and the objective functional benefit that was received. There was a lack of documentation indicating the patient had a necessity for reduced weight bearing. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations for the number of sessions. There was a lack of documentation per the submitted request of the part of the body being treated. Given the above, the request for additional aquatic therapy two times a week for six weeks is not medically necessary