

<b>Case Number:</b>	CM13-0055529		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 has a subspecialty in Interventional Spine 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 patient is a 60 year old female with date of injury of 01/19/2011. The listed diagnoses per [REDACTED] dated 10/28/2013 are: 1. Carpal tunnel syndrome 2. Chronic pain due to trauma 3. Knee pain 4. Low back pain 5. Status post left knee meniscectomy, chondroplasty of patellofemoral joint and lateral retinacular release, 08/13/2013 According to progress report dated 10/28/2013 by [REDACTED], the patient complains of severe low back and left knee pain. She states her problem is worsening. The patient describes the pain as ache, discomfort, throbbing. Symptoms are aggravated by ascending stairs, bending, changing positions, coughing, lifting, lying/rest, pushing, sitting, standing and twisting. Physical examination reveals mild lumbar spasm. Palpation of the left SI joint was painful as well as the left buttock area. Straight leg raise bilaterally produces back pain only. Range of motion of the lumbar spine is decreased. The patient currently takes Pennsaid, Norco, and Lidoderm patch. The treating physician is requesting 12 sessions of aquatic therapy for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of pool therapy for the low back:** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back and left knee pain. The treating physician is requesting 12 sessions of aquatic therapy for the low back. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing, such as in extreme obesity. For number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of reports from 03/13/2013 to 11/25/2013 does not show any recent physical or aquatic therapy reports to validate number of sessions and outcome of treatments. Progress report dated 10/28/2013 by [REDACTED] documents that "She is having increasing low back pain over the PSIS, with the increasing limping from the left knee increase in pain. She has been performing usual activities and has returned to work a few weeks ago. She is walking and performing exercises." "In this case, the reports show that the patient is able to perform her usual activities including exercise without any difficulties. She weighs 148 lbs and is not extremely obese. She has also resumed work a few weeks ago. The patient is able to tolerate land-based exercises and should now be able to continue with her self-directed home exercise program. Therefore, recommendation is for denial.