

<b>Case Number:</b>	CM14-0005092		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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, 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 an employee of [REDACTED] and has submitted a claim for complex regional pain syndrome associated with an industrial injury date of May 31, 2012. Treatment to date has included immobilization, NSAIDs, opioids, knee bracing, massage therapy, physical therapy, chiropractic sessions, acupuncture, lumbar epidural steroid injections, L3 sympathetic injection (June 5, 2013), and surgery (February 16, 2013). Medical records from 2013 to 2014 were reviewed. Patient complained of chronic lower back and bilateral leg pain described as burning with numbness and weakness. The patient complained of decreased sleep, depression, and anxiety. Physical examination showed antalgic gait, restricted ROM (range of motion) on the left knee and right ankle, and weakness of bilateral lower extremities. Utilization review from January 2, 2014 modified the request for 12 sessions of aquatic therapy to bilateral lower extremities to 6 sessions of aquatic therapy to bilateral extremities to enable the provider to assess the efficacy of this treatment modality at decreasing pain level and increasing function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY 2 TIMES A WEEK BILATERAL LOWER EXTREMITIES QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 22.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. Guidelines recommend 24 visits over sixteen weeks for cases of reflex sympathetic dystrophy (CRPS). In this case, the patient had thirty sessions of physical therapy to the left knee with minimal functional gains. There was no history of prior aquatic therapy sessions. Recent progress notes documented that the patient's BMI is 34.46 and is compliant with home exercise programs. MRI done showed results consistent with osteoarthritis of the left knee. These information would support a possible case for aquatic therapy. However, there is no documented indication concerning the requested quantity of sessions. Furthermore, functional goals to be targeted by aquatic therapy were not given. The request for aquatic therapy for the bilateral lower extremities, twice weekly for six weeks, is not medically necessary or appropriate.