

<b>Case Number:</b>	CM14-0005411		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 & 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 a 51-year-old female who has submitted a claim for bilateral shoulder pain and right knee pain, associated with an industrial injury date of February 1, 1999. Medical records from 2008 through 2014 were reviewed. The latest progress report, dated 11/25/2014, revealed persistent neck pain which radiates bilaterally in the upper extremities. There was no change in pain intensity with medications relative to without medications. The right knee buckled greater than the left leading to falls. Physical examination revealed that the patient was in moderate distress. The gait was antalgic and slow with utilization of a walker to ambulate. Tenderness was noted on bilateral knees with painful range of motion. Treatment to date has included bilateral shoulder surgery, physical therapy, pool therapy 6 sessions, and medications. Utilization review from 12/24/2013 denied the request for aquatic therapy treatment to the bilateral shoulders and right knee for 8 sessions because the medical records did not establish how many sessions of therapy the patient has completed or the patient's response to the prior treatment both subjectively and objectively. Additionally, the medical records did not establish the patient's current objective functional deficits on physical examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY TREATMENT TO THE BILATERAL SHOULDERS AND RIGHT KNEE FOR 8 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <9792.24.2>, Page(s): 22.

**Decision rationale:** According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. Moreover, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. In this case, a progress report, dated 09/30/2013, revealed that the patient's height is 5 feet 2 inches; weight 240 pounds, with a BMI of 44, which qualifies the patient for aquatic therapy. Furthermore, a progress report, dated 05/14/2008, revealed that in addition to physical therapy she commenced a course of pool therapy 2x/week for 3 weeks. Subjectively, the patient felt that therapy provided her with no benefit. There were no documented functional gains; hence, the medical necessity for additional sessions has not been established. Therefore, the request for aquatic therapy to the bilateral shoulders and right knee for 8 sessions is not medically necessary.