

<b>Case Number:</b>	CM14-0005562		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/10/1995
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery 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 59-year-old male whose date of injury is 11/10/1995. The patient was involved in a motor vehicle accident on this date. The treatment to date includes trigger point injections to the cervical spine and a greater occipital nerve block on 09/10/13, physical therapy, nerve blocks, left shoulder surgeries, bilateral knee surgeries, individual psychotherapy, diagnostic testing and medication management. Clinical note dated 04/10/13 indicates that the patient is hopeful he will have physical improvement with pool therapy. Clinical note dated 07/22/13 indicates that the patient has completed 20 aquatic therapy visits since January 2013. Clinical note dated 10/02/13 appears to indicate that the patient has completed 25 aquatic therapy visits since July 2013. Clinical note dated 11/01/13 indicates that the patient went to pool therapy and did well. Follow up note dated 01/24/14 indicates that diagnoses include diabetes mellitus, internal derangement of knee, obesity, osteoarthritis of knee, temporomandibular joints (TMJ), cervical and lumbar degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY FOR 12 WEEKS:** 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:** Based on the clinical information provided, the request for aqua therapy for 12 weeks is not recommended as medically necessary. The CA MTUS guidelines note that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. In this case, the patient has undergone extensive physical therapy and aquatic therapy without significant improvement documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is excessive and does not allow for adequate interim follow up assessing the patient's progress. There is no clear rationale provided as to why any remaining deficits cannot be adequately addressed with an independent, self-directed home exercise program. Based on the above, the request is not certified.