

<b>Case Number:</b>	CM14-0102325		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/04/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Occupational Medicine 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:

This is a 51-year-old female with a 9/4/11 date of injury. The mechanism of injury occurred when she was repositioning a patient while working as a nurse and attempting to prevent a patient from falling. According to a progress report dated 5/13/14, the patient complained of right lower back pain, right shoulder pain, and right buttock and hip pain. She stated that her left knee has been sore since a slip and fall recently. Objective findings: tenderness over the right SI joint, greater trochanter, and also over the lumbar muscles. Diagnostic impression: lumbar myofascial pain, lumbar facet pain, right shoulder internal derangement. Treatment to date: medication management, activity modification. A UR decision dated 6/10/14 modified the request for 24 sessions of aquatic therapy to 6 visits of land-based physical therapy. Documentation does not describe the need for a reduced weight-bearing environment, or specific musculoskeletal impairments that would prevent performance of a land-based program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty-for aqua therapt visit.:** 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 Page(s): 22.

**Decision rationale:** CA MTUS states that 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. There is no documentation that the patient is obese or requires reduced weight-bearing activities. A specific rationale identifying why the patient requires aquatic therapy as opposed to land-based physical therapy was not provided. Therefore, the request for Twenty-four aqua therapy visits was not medically necessary.