

<b>Case Number:</b>	CM14-0012140		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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:

This is a 59-year-old male who suffered a work-related injury on 11/30/07. During the usual duties of his occupation, he slipped and fell. Subsequently, he developed significant low back and bilateral knee joint pain. Initially he was treated conservatively; however, his symptoms failed to improve. He has undergone left knee arthroscopic surgery and has also undergone multilevel L3-S1 lumbar laminectomy. Despite surgical procedures, he continues to complain of severe back pain and pain in the knee joints. He has been on numerous medications including opioids without adequate control. He failed a trial of spinal cord stimulation. A Neurosurgeon did not advise additional lumbar surgical procedures; therefore he carries a diagnosis of failed back syndrome as well as bilateral knee arthropathy. He has undergone additional medical evaluation. Several recommendations were provided including membership to the [REDACTED] for aquatic therapy. Independent medical reviewer did not certify the need for membership as well as aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] MEMBERSHIP FOR AQUATIC THERAPY (DURATION NOT INDICATED):**  
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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHRONIC PAIN, 22 OF 127

**Decision rationale:** According to the evidence-based guidelines, aquatic therapy can be effective and can be used as an alternative to physical therapy. It can be particularly effective in patients with fibromyalgia. Supervised aquatic exercise program can be effective in patients with low back pain. Simply a membership to a gym is not a supervised aquatic exercise program. Outcomes and improvement cannot be adequately measured. Therefore membership to the [REDACTED] for an unsupervised aquatic exercise is not recommended in this setting.