

<b>Case Number:</b>	CM14-0111270		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 and Rehabilitation 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:

Medical records reflect the claimant is a 52 year old female who sustained a work injury on 1-25-14. On this date, the claimant tripped over an extension cord falling on both hands and knees. Office visit on 5-19-14 notes the claimant had frequent headaches with painful movements of the knees, left greater than right with frequent pain and numbness of the hands. The claimant also notes back pain rated as 4-5/10. On exam, the claimant has restricted range of motion of the lumbar spine with myofascial trigger points and taut bands. She also has tenderness to palpation. Range of motion of the knees is restricted with positive McMurray and Apley's test. The claimant walks with a limp. Her strength in her hands is 4+/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 x 6:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - aquatic therapy

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG note that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example with extreme obesity. There is an absence in documentation noting that this claimant cannot perform a home exercise program or that there is obesity that requires reduced weight bearing. Additionally, the results of past physical therapy provided are not documented. Therefore, the medical necessity of this request is not established.