

<b>Case Number:</b>	CM14-0128556		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/12/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 54 year-old with cumulative dates of injury of 06/10/04-06/21/2012. The patient has the diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, cervical and lumbar radiculopathy, right shoulder bursitis and impingement, left shoulder bursitis and impingement, bilateral elbow medial epicondylitis, right wrist carpal tunnel syndrome, left wrist arthralgia, bilateral knee degenerative joint disease, left hip greater trochanter bursitis, bilateral medial meniscal tears and bilateral knee pes anserine bursitis. Per the progress notes provided by the primary treating physician dated 05/14/2014, the patient had complaints of ongoing pain in the neck, bilateral shoulder, bilateral elbows, bilateral wrist, low back, bilateral knee and left hip rated 6-8/10. Physical exam noted tenderness in the cervical spine. Right shoulder noted tenderness over the AC joint with positive impingement. The left shoulder noted the same. The elbow exam noted bilateral tenderness over the medial epicondyle. The right wrist had a positive Tinel's sign. The thoracolumbar spine was tender to palpation. The knee exam noted bilateral painful patellofemoral crepitus with motion but no instability. The left hip was tender over the greater trochanter bursa. Treatment recommendations included additional aquatic therapy and pool access for the patient's self aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Access to pool facilities for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: 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 extreme obesity. For recommendations on the number of supervised visits, see Physicalmedicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)The requesting physician's explanation for aquatic therapy was due to land based physical therapy would not be suitable due to the patient's condition. However the patient does not have a diagnosis of morbid obesity which is what the guidelines specifically mention as the main indication for aquatic therapy. In addition continuation of aquatic therapy without supervision to monitor outcome goals quantitatively would not per recommended per the ODG section on gym memberships. For these reasons the request does not meet guideline criteria and thus is not medically necessary.