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| <b>Case Number:</b>   | CM14-0158565 |                              |            |
| <b>Date Assigned:</b> | 10/02/2014   | <b>Date of Injury:</b>       | 04/12/2002 |
| <b>Decision Date:</b> | 12/30/2014   | <b>UR Denial Date:</b>       | 09/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 65 year old female with an injury date of 04/12/02. Per the treatment reports from 06/20/14 by [REDACTED] The patient presents with calf pain likely arising from the lumbar spine and buckling of the knees. Per the 07/22/14 by [REDACTED] the patient also presents with neck pain radiating to the right shoulder rated 8/10 and constant, stiff, throbbing, burning, stabbing, radiating mid to lower back pain radiating to the bilateral legs down to the knees with weakness, swelling and aching of the knees rated 9/10. The patient ambulates with a cane and performs heel-toe walk with difficulty secondary to lower back pain. On 06/20/14 lumbar spine examination reveals diffuse tenderness to palpation over the paravertebral musculature with moderate facet tenderness to palpation noted over the L4 to S1 levels. Kemps, straight leg raise and Farfan tests are positive bilaterally. Straight leg raise elicits back pain only. Knee examination shows positive patellar compression test left and right. The patient's diagnoses include: 1. Lumbar disc disease 2. Lumbar facet syndrome 3. Status post bilateral total knee replacement (date unknown) the utilization review being challenged is dated 09/08/14. Reports were provided from 03/18/14 to 07/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy for right knee 2-3XWk X 6 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, physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient presents with neck pain radiating to the right shoulder, mid to lower back pain radiating to the bilateral legs and knee, weakness, swelling and aching along with calf pain and buckling knees. The treater requests for Aqua Therapy for right knee 2-3XWk X 6 weeks per report dated 06/24/14. The treater states on 06/20/14 that the patient received 2 prior rhizotomies in 2012 and May 2013 the most recent of which gave 6-8 months of almost 100% relief of back pain. Except for total knee replacement she would not need medications. MTUS page 22 states that, "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". MTUS non-postsurgical guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater does not discuss the reason for the request in the reports provided. The 06/20/14 report states therapy is recommended but not yet authorized, and on 07/22/14 the report states the patient would benefit from "additional" therapy. The 07/20/14 report discusses only calf pain likely arising from lumbar pain and buckling of knees. It is unclear, but presumably the prior therapy and additional therapy mentioned are aqua therapy. In this case, the treater notes knee replacement and buckling of knees in this patient that may explain why reduced weight bearing exercises are needed; however, the treater does not state this or explain why land based therapy is not adequate. The reports show the patient is encouraged to continue home exercise; however, the treater does not discuss why home exercise is no longer adequate, and no objective documentation is provided of prior therapy sessions. Prior knee surgery of unknown date is mentioned; however, there is no evidence that the patient is within a post-surgical treatment period. Furthermore, the indeterminate 12-18 sessions requested exceed what is allowed per MTUS. Therefore, recommendation is for denial.