

<b>Case Number:</b>	CM14-0167734		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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:

According to the records made available for review, this is a 46-year-old female with a 11/21/13 date of injury, and status post right knee surgery 1990. At the time (10/1/14) of request for authorization for continued aquatic therapy 2 times per week for 4 weeks and chiropractic evaluation and treatment 1 time per week for 4 weeks (right ankle), there is documentation of subjective (neck pain with associated stiffness, lower back pain, bilateral shoulder pain, bilateral hand pain with associated numbness and tingling, bilateral knee pain, and right ankle pain with associated stiffness) and objective (cervical spine tenderness to palpation, and limited flexion, right shoulder mildly positive Hawking, right knee diffuse tenderness to palpation, right ankle tenderness over the anterior talofibular ligament, and full active range of motion) findings, current diagnoses (sprain/strain cervical spine, sprain/strain right shoulder, sprain/strain left shoulder, contusion bilateral knees, left knee meniscal abnormality, sprain/strain right ankle), and treatment to date (interferential, activity modification, physical therapy x 14, chiropractic x 8, and acupuncture x 21). 8/29/14 medical report identifies a request to continue aquatic therapy directed to the bilateral knees. Regarding the requested continued aquatic therapy 2 times per week for 4 weeks, there is no documentation of an indication where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy completed to date. Regarding the requested chiropractic evaluation and treatment 1 time per week for 4 weeks (right ankle), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic completed to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued aquatic therapy 2 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine page(s) 98; Aquatic therapy, page(s) 22 Page(s): 22, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Aquatic Therapy

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 9 visits over 8 weeks in the management of tear or derangement of meniscus. Within the medical information available for review, there is documentation of diagnoses of sprain/strain cervical spine, sprain/strain right shoulder, sprain/strain left shoulder, contusion bilateral knees, left knee meniscal abnormality, sprain/strain right ankle. In addition, there is documentation of 14 physical therapy visits completed to date, which exceeds guidelines recommendations. However, there is no documentation of an indication where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of aquatic therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for continued aquatic therapy 2 times per week for 4 weeks is not medically necessary.

**Chiropractic evaluation and treatment 1 time per week for 4 weeks (right ankle):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprain/strain cervical spine, sprain/strain right shoulder, sprain/strain left shoulder, contusion bilateral knees, left knee meniscal abnormality, sprain/strain right ankle. In addition, there is documentation of 8 chiropractic sessions completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic completed to date. Therefore, based on guidelines and a review of the evidence, the request for chiropractic evaluation and treatment 1 time per week for 4 weeks (right ankle) is not medically necessary.