

<b>Case Number:</b>	CM14-0172738		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/28/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Pain Medicine 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 patient with a date of injury of 8/28/10. A utilization review determination dated 9/23/14 recommends non-certification of aquatic therapy. 5/12/14 medical report identifies pain in the right knee, left shoulder, and left foot. The patient is participating in the functional restoration program and had a reduction of pain by 35%. On exam, there are trigger points, mild to moderate laxity with valgus stress of the right knee, tenderness, paresthesias in the bilateral hands and medial and lateral right leg, 4/5 and 4-/5 weakness in various upper and lower extremity muscle groups, positive Hawkins', Speed's, and McMurray's bilaterally as well as patella compression test on the right. Gait is antalgic. 9/5/14 medical report identifies that the author was unable to confirm industrial causation for right knee symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2x wk x 8 wks for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 22, 98-99 of 127.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines support up to 10 sessions as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, while the patient is noted to be significantly obese, there is documentation of extensive land-based PT visits including as part of a functional restoration program and no clear rationale for ongoing use of aquatic therapy rather than land-based therapy and/or independent home exercise. Furthermore, the request exceeds the amount of sessions recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy is not medically necessary.