

<b>Case Number:</b>	CM14-0029783		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Interventional Spine Surgery 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 59 year old female with an injury date of 03/01/12. Based on the 01/09/14 progress report provided by [REDACTED] the patient complains of headaches and pain in her low back, bilateral knee, bilateral shoulder pain as well as ongoing neck pain. She has muscle pain/stiffness in the neck and back, swelling in the knees, and numbness/tingling in the right lower extremity. Tenderness is positive over the paraspinous musculature of the cervical and lumbar regions, bilaterally. Tenderness is also present in the medial and lateral aspects of the bilateral knees. The patient's diagnoses include the following: 1. Spinal sprain/strain. 2. Left hip contusion and strain. 3. Left knee contusion and strain. 4. Right knee strain. [REDACTED] is requesting for aqua therapy 2 x 4 to the left hip and knee. The utilization review determination being challenged is dated 02/20/14. [REDACTED] is the requesting provider, and he provided three treatment reports from 11/11/13, 12/16/13, and 01/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY 2X4 TO THE LEFT HIP, KNEE:** 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 Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** According to the 01/09/14 report by [REDACTED], the patient presents with headaches and pain in her low back, bilateral knee, bilateral shoulder pain as well as ongoing neck pain. The request is for aqua therapy 2 x 4 to the left hip and knee. MTUS page 22 states 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 extreme obesity." In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. Regarding previous physical therapy, the 11/11/13 report states that "The patient recalls receiving approximately 20 sessions total. She felt the physical therapy sessions were of benefit, however, minimally." The 01/09/14 report states that the patient has had six visits of water therapy. The patient states that she does have short term benefits, but pain does persist in the neck and low back. There is no reasoning provided as to why the patient now needs aquatic therapy and is unable to tolerate land-based therapy. MTUS also recommends 8-10 visits over 8 weeks for neuralgia, neuritis, and radiculitis. The requested additional 8 sessions in addition to the 20 session the patient already had exceeds what is allowed by MTUS. Recommendation is for denial.