

<b>Case Number:</b>	CM14-0035265		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57 year old female with a reported injury on 10/16/2013. The mechanism of injury was not provided. The injured worker had an exam on 02/28/2014 with complaints of left knee and left wrist pain and stiffness and low back pain. The exam revealed a negative Tinel's test and negative Phalen's test to the left wrist, with decreased range of motion. There was a noted mild limp to the left leg. The diagnoses included L/S sprain/strain, Left knee sprain/strain and left wrist sprain/strain. The medication list consisted of Norco, Norflex and Lyrica. There was no pain assessment of efficacy provided. The recommendation was to have aquatic therapy to help decrease pain and increase range of motion due to pain and stiffness. The request for authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy- two (2) times a week for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic therapy. Decision based on Non-MTUS Citation Tomas-Carus, 2007.

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

**Decision rationale:** The injured worker has complaints to her left knee, wrist and low back pain. The California MTUS Guidelines recommend aquatic therapy where reduced weight bearing is desirable, for example extreme obesity. There is no evidence that the injured worker is obese and there is no evidence that she cannot tolerate any weight bearing. The injured worker has had thirteen session of previous physical therapy. There was no evidence of improvement of efficacy. The recommendations for therapy recommend ten visits. The request exceeds the number of visit recommended; therefore the request is not medically necessary.