

<b>Case Number:</b>	CM14-0058937		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/31/1983
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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 55-year-old female with date of injury of 12/31/1983. The listed diagnoses are alopecia, hypertension, peptic ulcer disease, gastroesophageal reflux disease; history of obstructive sleep apnea, deferred; history of post-injury weight gain, orthopedic diagnosis, psychiatric diagnoses, chronic pain issues, headaches, urological issues, and constipation. According to [REDACTED] report, dated 02/25/2014, the patient has completed 7 to 8 aqua therapy with partial benefit. Symptom relief is about 2 days with treatment. The patient continues to complain of numbing feeling. The objective findings show bilateral muscle spasms in the cervical spine. Axial compression is positive. Shoulder depression test is positive. There is decreased active range of motion in the cervical spine. Radicular symptoms are noted in the bilateral upper extremities with flexion. The left knee shows tenderness to palpation over the medial joint line greater than the lateral joint line. Crepitus is noted in the left knee with painful range of motion. McMurray's test is positive. The utilization review denied the request on 04/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Aquatic Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 22 on aquatic therapy:Physical Medicine(MTUS pgs 98,99) Page(s): 22, 98, 99.

**Decision rationale:** The MTUS guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 visits are indicated for various myalgias and neuralgias. The progress report dated 02/27/2013 documents that the patient has completed 7 out of 8 authorized aquatic therapy sessions with partial benefit. The patient states that she gets some relief of symptoms for approximately 2 days with the treatment. In this case, the patient has received some 8 sessions of aquatic therapy with only partial benefit. The MTUS guidelines, page 8, on chronic pain, requires satisfactory response to treatment including increased levels of function or improved quality of life. Given the lack of significant functional improvement while utilizing aquatic therapy, the request for 6 aquatic therapy sessions is not medically necessary and appropriate.