

<b>Case Number:</b>	CM14-0080984		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Family and is licensed to practice in North Carolina. 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 49-year-old with a reported date of injury of 04/28/2006. The patient has the diagnoses of low back pain, osteoarthritis of the right knee, medial and lateral meniscal tear with ACL tear of the right knee, chronic right ankle pain, and left posterior shoulder pain. Past treatment modalities have included surgical intervention on the ankle and 8 sessions of aquatic therapy. Per the progress reports from the primary treating physician dated 05/01/2014, the patient had complaints of persistent left shoulder, low back, right knee and ankle pain. Physical exam noted right knee with crepitus and generalized tenderness. Treatment recommendations included additional aquatic therapy, psychotherapy and medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy/exercises - Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Aquatic Therapy, Physical Medicine, Psychological Treatment Page(s): 22, 98-99, 101.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) The patient has no documentation of morbid obesity. In addition the physical therapy session recommended for generalized myalgia/myositis by the California MTUS is 9-10 sessions over 8 weeks. The patient does not have the indications for aquatic therapy per the guidelines and the requested amount of therapy is also in excess of the recommendations. For these reasons the request cannot be certified.