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| <b>Case Number:</b>   | CM14-0189287 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 04/22/2013 |
| <b>Decision Date:</b> | 01/08/2015   | <b>UR Denial Date:</b>       | 11/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2014 |

### 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 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 63-year-old female with date of injury of 04/22/2013. The listed diagnoses from the 08/19/2014 report are right shoulder sprain/strain, tendinitis, Severe AC OA, full thickness tear SST, right AC joint hypertrophy/osteophytes formation, right knee sprain, patellofemoral joint hypertrophy, lumbar spine sprain/strain and right ankle sprain/strain. According to this handwritten report, the patient reports benefit with pool therapy. She notes increased strength, increased range of motion and increased activities of daily living. The patient also reports improved right shoulder pain. The examination of the right knee shows tenderness at the medial - lateral joint line, peripatellar region and positive McMurray's sign. Lumbar spine shows tenderness to palpation with guarding. Positive straight leg raise. Motor strength is +5/5 in all planes. The documents include an ultrasound report of the bilateral shoulder and bilateral knees from 03/26/2014, AME report from 07/09/2014 and a progress report from 08/19/2014. The utilization review denied the request on 11/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for The Low Back, 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

**Decision rationale:** This patient presents with right knee, lumbar spine, and right shoulder pain. The MTUS Guidelines page 22 recommends aqua 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 sessions of physical therapy is indicated for various myalgia's and neuralgias. The 08/19/2014 report notes that the patient is currently attending pool therapy with benefit. However, no aquatic therapy reports were made available for review. The physician is requesting pool therapy to help decrease pain and discomfort and to help with weight loss. The patient current weight is 275 lbs. She has gained 20 to 30 pounds causing low back pain. Given the patient's current 275 lbs weight, she can benefit from decreased weight-bearing exercises. However, the number of treatments she has received recently was not documented to determine if the requested 8 sessions would meet the MTUS guidelines. The request is not medically necessary.