

<b>Case Number:</b>	CM14-0189756		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/04/2014
<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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 57 year old female with an injury date on 10/24/2013. Based on the 08/27/2014 progress report provided by the treating physician, the diagnoses are:1. Chronic lumbar spine sprain/strain with lumbar spondylosis and spinal stenosis 2. Left shoulder sprain/strain3. History of left elbow sprain/strain4. Left knee internal derangement5. Chronic pain syndromeAccording to this report, the patient complains of low back pain at 7/10, left shoulder pain, left elbow pain and left knee pain at 6/10. Low back pain is increased with bending forward and driving and interferes with sleep. Physical exam reveals a 5 feet 3 inches individual that weight 150 pounds. Tenderness is noted at the left supraspinatus tendon, left medial/lateral joint line of the knee. Range of motion of the left shoulder and lumbar spine is limited. Straight leg raise is positive, bilaterally. There is crapitus and popping on range of motion of left knee. There were no other significant findings noted on this report. The utilization review denied the request for Aquatic Physical Therapy 2x4 left knee on 11/04/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/29/2014 to 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Physical Therapy 2x4 for left knee:** 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 on aquatic therapy and on Physical Medicine Page(s): 22, 98 and 99.

**Decision rationale:** According to the 08/27/2014 report, this patient presents with low back pain, left shoulder pain, left elbow pain and left knee pain. Per this report, the current request is for Aquatic Physical Therapy 2x4 left knee but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 08/27/2014 and the utilization review letter in question is from 11/04/2014. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of reports from 04/29/2014 to 08/27/2014 shows no aqua therapy reports and no discussion regarding the patient's progress. In this case, the treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. The treater failed to discuss as to why the patient cannot tolerate land-based therapy. The request for Aquatic Physical Therapy is not medically necessary.