

<b>Case Number:</b>	CM14-0198688		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 16, 2013. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for six sessions of aquatic therapy. It was stated that the applicant had had land-based physical therapy over the course of the claim. The claims administrator referenced an October 7, 2014 progress note in its denial and also invoked non-MTUS Third Edition ACOEM Guidelines on aquatic therapy and non-MTUS ODG Guidelines on aquatic therapy in favor of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a handwritten note dated October 14, 2014, the applicant reported ongoing complaints of low back and right knee pain. The applicant did exhibit an antalgic gait. The applicant exhibited diagnoses of lumbar strain and knee arthralgia versus knee internal derangement. The applicant was asked to discontinue Flexeril and start Norflex. An internal medicine consultation was endorsed. Aquatic therapy was recommended. In an October 7, 2014 progress note, the applicant was asked to remain off of work, on total temporary disability. Positive provocative testing, including a positive McMurray maneuver, was noted about the knee. 7/10 low back and knee pain were noted. The applicant's gait was not formally described or characterized, however. Electrodiagnostic testing of bilateral lower extremities and a TENS unit were endorsed. In a progress note dated September 26, 2014, the applicant was placed off of work, on total temporary disability, while 18 sessions of physical therapy and extracorporeal shockwave therapy were sought. Various dietary supplements, oral suspension, and topical compounds were also endorsed. Multifocal complaints of low back pain, knee pain, shoulder pain, and neck pain were reported. The applicant did exhibit an antalgic gait secondary to pain.

The applicant was, however, able to walk, on heel and toes. Limited squatting secondary to pain was also evident.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aqua therapy 3 times a week for 6 weeks to the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22; 99.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, it is not clear that reduced weightbearing is, in fact, desirable. Despite exhibiting an antalgic gait on office visits of September 26, 2014 and October 14, 2014, referenced above, it was never explicitly stated that the applicant should eschew or avoid weightbearing activities or weightbearing exercises. Some of the applicant's gait derangement appears to be a function of pain. Furthermore, the 18-session course of aquatic therapy at issue represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that an attending provider furnish a prescription for therapy which "clearly states treatment goals." Here, however, the attending has not clearly outlined or clearly stated treatment goals. It is not clear why additional physical therapy is being sought when the attending provider has written that he ultimately believes that the applicant will require knee surgery. The applicant's response to earlier treatment has likewise not been clearly detailed or clearly characterized. Therefore, the request is not medically necessary.