

<b>Case Number:</b>	CM14-0071049		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/29/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old female with a date of injury on 09/29/2007. Documentation from 03/05/2014 indicated that the injured worker sustained injuries to the cervical and lower spine, ribs, bilateral upper extremities, and the right knee secondary to the injured worker slipping and falling. Documentation from 04/03/2014 indicated the diagnoses of cervical radiculopathy, status post cervical spinal fusion, lumbar disc degeneration, left shoulder pain, osteoarthritis, anxiety, iatrogenic opioid dependency, unspecified constipation, bilateral shoulder surgery, history of opiate abuse, and history of suicidal ideation. Subjective findings from 04/03/2014 indicated neck pain, low back pain, left upper extremity pain and lower extremity pain to the right knee which was all aggravated by walking and activity. The pain was noted to be a nine out of ten with medications, and a ten out of ten without medications. Physical examination from this date was remarkable for the injured worker to be in moderate distress with a slow gait with use of a cane, cervical vertebral tenderness at cervical five to seven and in the trapezius muscle, lumbar tenderness to palpation at lumbar four to sacral one with moderate limited range of motion to the lumbar spine secondary to pain with an increase in pain upon flexion and extension, upper extremity tenderness to the bilateral anterior shoulders and the left posterior shoulder with decreased range of motion to the left shoulder; and tenderness noted to the bilateral knees. Physician documentation from 04/03/2014 also noted diagnostic results from magnetic resonance imaging of the right shoulder performed on 04/02/2012 was revealing for focal areas of bone marrow edema to the humeral

head; magnetic resonance imaging to the left shoulder performed on 04/21/2012 was revealing for moderate proliferative changes in the acromioclavicular joint with impingement of supraspinatus muscle/tendon junction, an eighty percent tear to the supraspinatus tendon, mild effusion to the glenohumeral joint, and partial rotator cuff tear; magnetic resonance imaging to the cervical spine performed on 04/29/2008 was revealing for compromise to the right exiting nerve root at cervical four to five; magnetic resonance imaging of the right knee performed on 04/04/2011 was revealing for a grade III chondromalacia patellae and a Grade II signal in the anterior horn of the lateral meniscus; magnetic resonance imaging of the lumbar spine performed on 04/29/2008 was revealing for a disc bulge at lumbar four to five; and an electromyogram with a nerve conduction study to the upper extremities performed on 05/21/2012 was revealing for peripheral poly neuropathy. Prior treatments offered to the injured worker included left suprascapular nerve block performed on 01/27/2014 and noted for overall improvement; pool therapy that was noted to be helpful; home exercise program that was also noted to be helpful; use of a cane; and a medication history of anti-seizure medications, nonsteroidal anti-inflammatories, opioid medications, and topical analgesic medications which were noted to be helpful. Physician evaluation from 04/03/2014 noted the injured worker to be limited with activities of daily living with self-care & hygiene, ambulation, hand function, sleep, and activity. The medical records provided did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. While documentation indicated that aquatic therapy was provided, there was no documentation of quantity, treatment plan, or results of prior aquatic therapy with regards to functional improvement, improvement in work function, or in activities of daily living. The evaluation from 04/03/2013 also noted the injured worker to have a work status of not working. On 04/24/2014, Utilization Review non-certified the prescription of aqua pool therapy for the bilateral knees two times a week times four weeks. The aqua therapy was noncertified based on CA MTUS Chronic Pain Medical Treatment, pages 22 & 99, Aquatic therapy, Physical Medicine Guidelines, and Official Disability Guidelines, Knee & Leg (updated 03/31/2014), Physical Medicine Treatment, with the Utilization Review noting that the documentation provided was not clear on how many aqua therapy sessions were provided to date, along with no documentation of significant overall functional benefit secondary to previous aquatic therapy, thereby indicating the additional aquatic therapy sessions were not medically necessary.

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

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

**Aqua pool therapy, two sessions per week for four weeks for bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy and physical medicine guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22; 98-99. Decision based on Non-MTUS Citation Knee and Leg (Acute and Chronic), Aquatic Therapy

**Decision rationale:** California MTUS guidelines state that 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. ODG states regarding knee aqua therapy, 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, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life . . . In patients with hip or knee arthritis, both aquatic and land based exercise programs appear to result in comparable outcomes for function, mobility or pooled indices. For people who have significant mobility or function limitations and are unable to exercise on land, aquatic exercise is a legitimate alternative that may enable people to successfully participate in exercise. Regarding the number of visits, MTUS states Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.? ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The treating physician has not provided documentation of functional improvement from previous aquatherapy sessions and in fact notes that the patient is de-conditioned and more depressed. As such the request for Aqua pool therapy, two sessions per week for four weeks for bilateral knees is not medically necessary at this time.