

<b>Case Number:</b>	CM14-0077030		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/02/2000
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 59 year-old female with a date of injury of June 2, 2000. The patient's industrially related diagnoses include myalgia, enthesopathy of the hip region, sciatica, osteoarthritis of the lower leg, pain in the joint of the forearm, degeneration of cervical intervertebral disc, displacement of the intervertebral disc without myelopathy, pain in the joint of the pelvic region and thigh, RSD (reflex sympathetic dystrophy) of the upper limb, disorder of the coccyx, lumbosacral spondylosis without myelopathy, thoracic/lumbosacral neuritis/radiculitis, traumatic arthropathy of the lower leg, pain in the joint of the lower leg, lumbago, and primary localized osteoarthritis of the pelvic region and thigh. The injured worker is status post left hip THR (total hip replacement) with direct left sciatic nerve injury and associated foot drop. The disputed issue is aquatic therapy for bilateral leg and hip pain (12 sessions). Two utilization review determinations on 3/26/2014 and 4/30/2014 had non-certified this request. The stated rationale for the denial was: "ACOEM and Chronic Pain Treatment Guidelines recommend aquatic therapy only with documentation of the patient's inability to tolerated gravity-resisted land-based therapy. The IW has left foot drop. However, the available clinical information does not document inability to tolerate gravity-resisted land-based therapy. The request is not a medical necessity and is non-certified." The second stated rationale for the denial was: "Aquatic therapy is non-certified because the OV (office visit) notes do not provide rationale for alternative physical therapy over land based therapies i.e. extreme obesity per MTUS 2009 Guidelines and do not indicate supervision by qualified medical personnel nor give directive or goals of aquatic therapy nor give parameters for determining success of this therapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for bilateral leg and hip pain (12 sessions): 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 Page(s): 22, 98-99.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the submitted medical records available for review, there was no documentation indicating why the injured worker would require therapy in a reduced weight-bearing environment. The injured worker does not meet criteria for "extreme obesity" and has documentation of a weight of 183 lbs and height of 70 inches with a BMI of 26.35 in a progress note dated 4/29/2014. In that progress note, the treating physician documented that the injured worker was unable to tolerate her HEP (home exercise program) and formal therapy was requested. The provider stated: "Ideally, water therapy should be performed if she cannot tolerate land based formal physical therapy," but there was no indication that she was not able to tolerate land based physical therapy. Furthermore, in the progress report dated 3/14/2014 there was documentation that previous conservative care included more than 20 physical therapy sessions, but there was no indication that any specific objective functional improvement had been obtained with those therapy sessions already provided. Finally, the request exceeds the amount of PT recommended by the CA MTUS for the injured worker's diagnoses and, unfortunately, there is no provision for modification of the current request. In light of these issues, the currently requested 12 sessions of aquatic therapy for bilateral leg and hip pain is not medically necessary.