

<b>Case Number:</b>	CM15-0100220		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male who sustained a work related injury May 22, 2001. While working with a sheet metal machine, he injured his left lower leg including the left knee and lower back. Past history included left knee surgery September 2003, OATS (osteochondral autograft transfer system) procedure, left knee January 2007; s/p total left knee arthroplasty October 2014 with a post-operative infection, resolved, hypertension, TIA (transient ischemic attack), diabetes, and depression/bipolar disorder. According to a physician's assistant progress report, dated May 6, 2015, the injured worker presented with complaints of low back pain radiating down the bilateral anterior and lateral thighs to the calf, with numbness/tingling. He reports numbness in his last three toes on the left and numbness in the right foot. He uses a cane to ambulate. He has received epidural steroid injections in the past, the latest 2/3/2014, L5-S1, with initial 50% improvement, that has waned but still provides significant relief. He does report anxiety and is working with a psychologist. He is undergoing physical therapy for the left knee, but the low back remains in pain. He did have aqua therapy, 3 sessions, two weeks ago, with good results. He also reports falls, when the left knee gives way, most recently a week ago. Assessment is documented as displacement intervertebral disc, lumbar; degeneration of lumbar disc; low back pain; depression. Treatment plan included continued medication; continue behavioral management, transportation to physical therapy, and at issue, a request for authorization for aqua based physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Based Physical Therapy (6 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronis), Physical Medicine Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) 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. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment, and it is noted that land-based PT for the knee is currently being utilized. Furthermore, there is no indication as to what specific objective functional improvement has been obtained with the aquatic therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.