

<b>Case Number:</b>	CM15-0105180		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 was a 66 year old female, who sustained an industrial injury, January 16, 2009. The injured worker previously received the following treatments Lidocaine patches, Terocin patches, Cyclobenzaprine, Amitiza and Nortriptyline. The injured worker was diagnosed with sciatica, Pes anserinus bursitis, internal derangement of the knee, abnormal gait, sprains and strains of the lumbar spine. According to progress note of January 6, 2015 the injured workers chief complaint was back pain. The injured worker described the pain as sharp, shooting, tingling, throbbing, and severe. The injured worker rated the pain as 10 out of 10 at the worst and the best pain in the pain in the last week was 10 out of 10. The pain was constant lasting throughout the day. The pain was exacerbated by moving form sitting to standing and taking stairs. The pain was relieved by nothing. The associated symptoms were spasms, fatigue and weakness. The injured worker was having trouble with walking, sitting, chores, housework, personal care, and leisure activities. The physical exam limited range of motion due to pain in the lumbar spine. There was mild weakness. There was decrease sensation to light touch to the right lower extremity. There was limited range of motion to the left hip, left knee and right knee. The treatment plan included a request for aqua therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 3 x 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The guidelines regarding duration follow those of land-based therapy. For myalgia, the MTUS recommends 10 sessions of PT. A request for 24 sessions would be excessive, and is not consistent with MTUS guidelines, which specify for additional therapy only when documentation of initial benefit is made. Therefore, the request for 24 sessions is not medically necessary.