

<b>Case Number:</b>	CM15-0145705		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 40 year old female, who sustained an industrial injury on June 28, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease, clinically consistent cervical radiculopathy, left shoulder rotator cuff tear, left shoulder rotator cuff tendinitis, and right knee pain. Treatment and diagnostic studies to date has included x-ray of the right hip, magnetic resonance imaging of the left shoulder, injection, and magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, medication regimen, and physical therapy to the left shoulder. In a progress note dated May 29, 2015 the treating physician reports continued pain to the low back, left shoulder, neck, hips, and right knee along with associated symptoms of weakness to the low back, lower extremity, and knee. Examination reveals tenderness, stiffness, and spasms to the lumbar paraspinal muscles, tenderness to the bilateral facet joints, tenderness to the left acromioclavicular joint, decreased range of motion to the left shoulder, diffuse tenderness to the right knee, and pain with range of motion to the knee. The injured worker's pain level was rated a 7 out of 10. A progress note dated April 30, 2015 noted prior physical therapy of an unknown quantity to the left shoulder, but documentation from May 29, 2015 noted that the injured worker has not had much treatment to the low back and noted that aqua therapy would assist the injured worker with strengthening the lower extremities and also assist with weight loss which will in turn help the injured worker's lower back and lower

extremities. The treating physician requested aquatic therapy two times a week for five weeks to the low back to assist with strengthening and weight loss.

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

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

**Aquatic therapy 2 times a week for 5 weeks to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy - Physical medicine guidelines Page(s): 22 and 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 2 times per week times 5 weeks to the low back is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; lumbar degenerative disc disease; cervical radiculopathy; left shoulder rotator cuff tear; left shoulder rotator cuff tendinitis; and right knee pain. Date of injury is June 28, 2013. Request for authorization is June 26, 2015. According to a May 29, 2015 progress note, the injured worker has ongoing low back pain, left shoulder, neck, and hip and knee pain. Low back pain 7/10. The injured worker had an MRI of the lumbar spine. The injured worker received physical therapy to the lumbar spine. The documentation does not specify the total number of physical therapy sessions or whether there was objective functional improvement. There were no compelling clinical facts indicating additional physical therapy over the recommended guidelines was clinically indicated. There is no documentation land-based physical therapy was ineffective. The documentation indicates the injured worker weighs 291 pounds. There is no height in the medical record. There is no BMI in the record. There is no indication in the medical record a minimization of the effects of gravity is indicated. There is no indication reduced weight bearing is desirable. Consequently, absent clinical documentation with failed land-based therapy, total number of physical therapy sessions to date, evidence of objective functional improvement, and a height and BMI, aquatic therapy 2 times per week times 5 weeks to the low back is not medically necessary.