

<b>Case Number:</b>	CM15-0191556		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 a 63 year old female, who sustained an industrial injury on 1-18-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain- strain and status post right total knee replacement (6-29-2015). According to the progress report dated 9-1-2015, the injured worker presented with complaints of increased back pain from physical therapy-rehab. On a subjective pain scale, she rates her pain 5 out of 10 with medications and 8 out of 10 without. The physical examination of the lumbar spine reveals tenderness with spasm over the bilateral paraspinal muscles and restricted range of motion. Examination of the right knee reveals diffuse tenderness, warmth, and slight-to-moderate swelling. The current medications are Tramadol and Omeprazole. Treatments to date include rest, activity modification, medication management, physical therapy, back brace, acupuncture, injection therapy, and surgical intervention. Work status is described as temporarily totally disabled. The treatment plan included complete physical therapy then change to aquatic therapy to decrease gravity, increase movement, and decrease pain in lumbar spine. The original utilization review (9-17-2015) had non-certified a request for 12 aquatic therapy sessions to the lumbar spine and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, three times weekly for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. 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 three times per week times four weeks 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 that of post right knee TKR; left knee PFA; cervical spine sprain strain any; lumbar spine sprain strain; bilateral SI sprain; right hand sprain strain; and ganglion cyst. Date of injury is January 18, 2014. Request for authorization is September 11, 2015. According to a September 1, 2015 progress note, the injured worker status post right TKR. The documentation is largely illegible. The injured worker has additional complaints of low back pain. It appears the treating provider is requesting aquatic therapy for the lumbar spine. There is no documentation of failed land-based physical therapy or physical therapy or aquatic therapy progress notes. There is no clinical rationale for reduced weight bearing aquatic therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical rationale for aquatic therapy and no documentation of failed land-based physical therapy, aquatic therapy three times per week times four weeks is not medically necessary.