

<b>Case Number:</b>	CM15-0193534		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/30/1997
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Massachusetts

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 49 year old female, who sustained an industrial injury on 9-30-1997. A review of the medical records indicates that the injured worker is undergoing treatment for a major depressive disorder with anxious features, back pain with radiation, bilateral knee pain, bilateral foot and ankle pain, right wrist sprain rule out internal derangement, chronic pain syndrome, and morbid obesity. On 8-4-2015, the injured worker reported her mood improved averaged as 6.5-7 out of 10 at its best in the previous week. The Treating Physician's report dated 8-4-2015, noted the injured worker was being seen for chronic depression and anxiety. The injured worker's fibromyalgia was noted to be worse with pain in the bottoms of her feet particularly bad. The injured worker was noted to be doing water therapy, trying to imitate it at the apartment complex pool. The injured worker's current medications were noted to include Tramadol, Norco, Duloxetine, Wellbutrin, Gabapentin, Benadryl, and Hydrochlorothiazide. The mental status examination was noted to show the injured worker was depressed, dysphoric, reactive, and tearful, with occasional passive suicidal ideation. The Physician noted the injured worker was very depressed and continued with a lot of pain, beginning to see some progress. Prior treatments have included bilateral knee surgeries, and medications including Tramadol, Norco, Duloxetine, Wellbutrin, Gabapentin, and Benadryl. The treatment plan was noted to include continued titration of the Wellbutrin, increase of Cymbalta, and the pool 5 times a week. The request for authorization was noted to have requested purchase of equipment for home water aerobics: water weights and water weight belt. The Utilization Review (UR) dated 9-14-

2015, non-certified the request for purchase of equipment for home water aerobics: water weights and water weight belt.

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

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

#### **Purchase of Equipment for Home Water Aerobics: Water Weights and Water Weight Belt:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg, DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant has a remote history of a cumulative trauma work injury with date of injury in September 1997. She continues to be treated for chronic pain with secondary medical and psychological conditions. She has a history of bilateral knee surgeries with right knee arthroscopy done in July 2012. When seen, she had completed a course of aquatic therapy, which had helped with pain. Physical examination findings included an antalgic and guarded gait. There was decreased and painful cervical and lumbar spine range of motion. Her body mass index is nearly 43. The request is for equipment for home water aerobics with a weighted belt and water weight. The claimant indicates that she wants to continue a home exercise program with use of the pool at her apartment complex. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities as in this case. The claimant has already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and it appears that it can be done without requiring a gym membership or continued skilled therapy with use of the requested DME. The request is medically necessary.