

<b>Case Number:</b>	CM15-0194300		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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

### 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 9-23-2011. The injured worker was being treated for fibromyalgia with pain. Treatment to date has included diagnostics, left knee arthroscopy 1-2015, right knee arthroscopy 10-2014, physical therapy (at least 6 recent sessions 7-02-2015 to 7-27-2015), and medications. On 8-13-2015, the injured worker complains of "pain all over", rated 5-6 out of 10 (rated 7 out of 10 on 6-18-2015 and 2-3 out of 10 on 5-05-2015), and fatigue and difficulty sleeping. She described pain as achy throughout the trunk and extremities, worse with standing and walking, improved with lying down. She also described right hip pain radiating to the right lower extremity for the last 6 weeks. Current medications included Milnacipran, Norco, Voltaren gel, Gabapentin, Flexeril, Ambien, Prilosec, and Ibuprofen. Her body mass index was 46.32%. Exam noted 18 of 18 trigger points throughout the trunk and extremities, full range of motion in the upper and lower extremities, motor strength 5 of 5 in the upper and lower extremities, sensation intact, and posture and gait "normal". Range of motion in the cervical and lumbar spine was "limited and painful in all planes" and tenderness was noted in the cervical and lumbar spinous process, paravertebral muscles, posterior superior iliac spine, and greater trochanters. A physical therapy progress report dated 7-27-2015 (visit #6) noted status as "progressively able to do more activity with less pain and she has been doing exercises in her pool at home". The total number of physical therapy sessions completed to date was not specified. After 6 sessions of recent physical therapy, initial (7-02-2015) and current (7-27-2015) were unchanged, other than initial pain rating 6-9 out of 10 versus current rating 6 out of 10. Per the Request for Authorization

dated 9-16-2015, the treatment plan included aqua therapy, 2-3x4, non-certified by Utilization Review on 9-23-2015.

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

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

**Aqua therapy 2-3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The patient presents on 08/13/15 with "pain all over" rated 5-6/10. The patient's date of injury is 09/23/11. The request is for Aqua therapy 2-3 times a week for 4 weeks. The RFA is dated 09/16/15. Physical examination dated 08/13/15 reveals tenderness to palpation over the cervical and lumbar paraspinal musculature/spinous processes, positive PSIS tenderness, and positive greater trochanter tenderness bilaterally. The patient is currently prescribed Norco, Voltaren gel, Omega-3 supplement, Ambien, Norvasc, Prilosec, Sudafed, Mucinex, Thiamine, Multivitamin, and Ibuprofen. Patient's current work status is not provided. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, 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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the 12 sessions of aquatic therapy for the management of this patient's chronic pain and obesity, the requesting provider has exceeded guideline recommendations. There is no indication that this patient has completed any recent aquatic therapy treatments, though she did recently complete a series of 6 traditional physical therapy sessions in July 2014. While this patient presents with significant chronic pain uncontrolled by conservative measures, the requested 12 sessions of aquatic therapy exceeds guideline recommendations (which only allow up to 10 visits) and cannot be substantiated. Therefore, the request is not medically necessary.