

<b>Case Number:</b>	CM15-0200316		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/08/2006
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 59-year-old female who sustained an industrial injury 09-08-06. A review of the medical records reveals the injured worker is undergoing treatment for depression, arthritis of the bilateral knees, and obesity. Medical records (08-18-15) reveal the injured worker reports the left knee is better after injection. The physical exam (08-18-15) reveals the right knee was injected with cortisone. There was no additional physical examination. Prior treatment includes psychotherapy, and medications, including Naproxen, Relafen, and Vicodin. The original utilization review (10-12-15) non certified the request for water aerobics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water aerobics Qty: 12.00:** 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.

**Decision rationale:** The 59-year-old patient presents with bilateral knee arthritis and obesity, as per progress report dated 08/18/15. The request is for WATER AEROBICS QTY: 12.00. The RFA for this case is dated 08/18/15, and the patient's date of injury is 09/08/06. Medications, as per 08/18/15 report, included Tramadol, Naproxen and Vicodin. The patient has also been diagnosed with major depressive disorder, as per progress report dated 03/11/15. The reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 22, Aquatic Therapy section has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, several reports are handwritten and difficult to decipher. The request for water aerobics is noted in progress report dated 08/18/15. Although the treater does not explain the purpose of these sessions, the patient complains of chronic knee pain, and has also been diagnosed with obesity. These conditions may prevent her from performing traditional land-based exercises. The reports, however, do not indicate if the patient has attended traditional therapy or water aerobic sessions in the past. There is no mention of issues during land-based therapy nor does the treater discuss the efficacy of past therapy. Additionally, MTUS only allows 8-10 sessions in non-operative cases. Hence, the treater's request for 12 sessions appears excessive and IS NOT medically necessary.