

<b>Case Number:</b>	CM15-0201842		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 June 20, 2003. Past history included bipolar disorder; irritable bowel syndrome, gastritis, left knee surgery x 5, and right knee surgery. According to a treating physician's progress report dated September 23, 2015, the injured worker presented for routine follow-up and refill of medications. She reports being upset due to a reduction of her pain medication, Levorphanol from 6 to 4 per day over the last two months. She rated her pain 4 out of 10 with medication. She reports increased pain when performing pool exercises and is requesting a physical therapist to oversee her pool therapy. Physical examination included; overweight (5'3" and 195 pounds) no distress and anxious. No further assessment is documented. Current medication included Bentyl, Cardiamin, Diazepam, hydrochlorothiazide, Levorphanol, Prevastatin, Premarin, Prevacid, and Seroquel. Diagnoses are chronic pain syndrome; psychophysiological disorder; osteoarthritis of knee; peripheral neuralgia; wrist joint pain; psychalgia. Treatment plan included; continue with medication, continue with cardiology workup; psychotherapy, stress reduction exercises and Tai Chi. At issue, is the request for authorization for (6) aquatic therapy visits for the neck, upper extremities, back and leg. According to utilization review dated October 8, 2015, the request for (6) Aquatic Therapy visits for the neck, upper extremities, back and leg was modified to (4) visits of Physical Therapy for the neck, upper extremities, back and leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Aquatic therapy visits for the neck, upper extremities, back and leg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg; Forearm, Wrist & Hand (Acute & Chronic) Official Disability Guidelines (ODG), Physical Medicine Guidelines - Arthritis (Arthropathy, unspecified) Official Disability Guidelines (ODG), Preface.

**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, (2008) Chronic Pain, p87.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2003 when she was struck in the head by a soccer ball, falling to her knees, with loss of consciousness. She continues to be treated for chronic pain including a diagnosis of osteoarthritis of the knee. When seen, medications were being decreased. She was performing pool exercises and having increased pain and was concerned that she was not performing the exercises correctly. She wanted instruction in pool therapy from the physical therapist. Physical examination findings included appearing anxious. Her body mass index was over 34. Authorization was requested for six sessions of pool therapy. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy and aquatic therapy can be recommended for patients with conditions where there are comorbidities that could be expected to preclude effective participation in weight bearing physical activities. In this case, the claimant performs pool exercises indicating that she already has access to a pool. She has increased pain which would not be expected with this type of exercise when properly performed. She has is obese and has osteoarthritis of the knee which could affect her ability to perform land-based exercises. The requested number of treatments is within that recommended for chronic pain and the request can be accepted as being medically necessary.