

<b>Case Number:</b>	CM15-0204322		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Pennsylvania, Ohio, 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 35 year old female, who sustained an industrial injury on 3-12-2014. The injured worker is undergoing treatment for: pain to the neck, right shoulder, low back, right knee and right ankle. On 8-26-15, 9-23-15, and 10-22-15, she indicated physical therapy had been helpful. She reported chronic neck, right shoulder, low back, and right knee and right ankle pain. She indicated her pain to be "unbearable". Physical examination revealed her to be moderately obese; an antalgic gait, increased muscle tone of trapezius, tenderness in the neck, decreased lumbar range of motion, spasm in the low back, negative straight leg raise testing, limited right shoulder range of motion, spasm and guarding at the base of the cervical spine, limited range of motion and tenderness with the right knee, tenderness in the right ankle. The provider noted "she has difficulty with any type of ambulation or weight bearing on the right leg". The treatment and diagnostic testing to date has included: right knee immobilizer, ankle sleeve, crutches, medications, MRIs of the right ankle, lumbar spine, right knee, right shoulder (6-10-14), TENS, cognitive behavioral therapy, at least 4 sessions of physical therapy, functional restoration program which included physical therapy. Medications have included: Ketamine cream, diclofenac sodium cream, docusate sodium, senokot, buprenorphine. Current work status: modified, however employer is noted as not accommodating and she is off work. The request for authorization is for: 6 sessions of aquatic therapy. The UR dated 9-22-2015: non-certified the request for 6 sessions of aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back; Shoulder; Low Back - Lumbar & Thoracic; Knee & Leg; Ankle & Foot, Physical Therapy.

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

**Decision rationale:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.