

<b>Case Number:</b>	CM15-0206305		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 on April 05, 2001. The worker is being treated for: bilateral knees and right hip pains; right knee component loosening, osteoarthritis, and left knee degenerative joint disease. Subjective: February 09, 2015 she reported "pain has worsened." The numbness in the left foot is more constant and she has excruciating pain if standing more than 5 minutes. She further states, "urinary frequency and incontinence," and "stabbing, burning neck pains." July 06, 2015 she reported "persistent neck pain, low back pain and headaches." September 08, 2015 she reported bilateral knee and right hip pain. She states, "having fallen three weeks prior due to her right knee giving out." She reports her symptoms are severe at times, which differ from prior visit. She further states, "over the past few months the left knee pain has worsened." Objective: July 06, 2015 noted gait severely antalgic. December 19, 2014 noted tenderness to palpation of posterior bilateral knees, decreased range of motion about the cervical and lumbar spine in all planes. Decreased sensation left C6 through 8 dermatomes; both upper and lower extremity motor exams limited by pain. Medications: December 19, 2014: Lyrica, Effexor XR, Topical LidoPro cream, Naproxen, and Prilosec. September 08, 2015: Naproxen, Flexeril, Lyrica, Cymbalta and Prilosec. July 06, 2015: authorized for Lyrica and Butrans since last visit; Naproxen, Flexeril, Prilosec, Cymbalta. She was given a trial of Butrans this visit. February 09, 2015: Effexor XR, Flexeril, Naproxen, Prilosec, Gabapentin. Diagnostics: radiography bilateral knees April 28, 2015, August 2014, CT right knee August 2012, lower extremities Doppler study August 2014; EMG NCV April 2014, MRI lumbar September 2011, and 2012. Treatments: utilizes wheeled walker with ambulation,

activity modifications, medications, and multiple sessions of physical therapy, aquatic therapy, multiple sessions of chiropractic care, TKA 2002, and left Orthovisc injections, most recent August 31, 2015, psychological care, dental consultation, single point cane. On September 25, 2015 a request was made for water therapy 8 sessions that was noncertified by Utilization Review on October 02, 2015.

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

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

**Water therapy 1 time a week times 8 weeks:** Upheld

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

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

**Decision rationale:** Aquatic therapy is recommended for patients who would benefit from non-weight-bearing therapy, such as patients with morbid obesity. In this case, morbid obesity is not documented and there is insufficient evidence to warrant the need for additional aquatic therapy. The patient has completed 20 aquatic therapy sessions for her chronic low back pain. There is no rationale provided as to why the patient cannot be transitioned to a land-based therapy program and/or a home exercise program. In addition, the request for 8 additional sessions exceeds the recommended guidelines. Therefore, the request is not medically necessary or appropriate.