

<b>Case Number:</b>	CM15-0208813		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 47-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 9, 2013. In a utilization review report dated September 28, 2015, the claims administrator partially approved a request for 12 sessions of aquatic therapy as six sessions of the same. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 21, 2015, infrared therapy, electrical stimulation, mechanical traction, ultrasound, electrical muscle stimulation, therapeutic exercise, and physical therapy were seemingly sought. On an associated progress note of September 21, 2015, the applicant reported multifocal complaints of neck, shoulder, and knee pain with derivative complaints of psychological stress. Twelve sessions of aquatic therapy were sought. The applicant's gait was not clearly described or characterized, although it was incidentally noted the applicant exhibited tenderness about the knees, shoulder, and cervical spine. The applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for bilateral knees, quantity: 12 sessions: 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:** No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the September 21, 2015 office visit at issue did not clearly describe or characterize the applicant's gait. There was no mention of reduced weight bearing being desirable here. The 12-session course of treatment at issue, furthermore, represented treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of treatment well in excess of MTUS parameters. Therefore, the request was not medically necessary.