

<b>Case Number:</b>	CM15-0030359		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/06/1998
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: New Jersey  
 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 58 year old female, who sustained an industrial injury on 8/6/98. She has reported pain in the knees and lower back. The diagnoses have included lumbar degenerative disc disease and status post total knee arthroplasty. Treatment to date has included knee surgery, physical therapy, walker, aquatic therapy and oral medications. As of the PR2 dated 1/12/15, the injured worker reports progressive pain in the right knee and back. She is using Norco for breakthrough pain. The treating physician noted tenderness in the sacroiliac joints. The treating physician requested additional aquatic therapy 2 x week for 3 weeks to low back. On 1/20/15 Utilization Review non-certified a request for additional aquatic therapy 2 x week for 3 weeks to low back. The utilization review physician cited the MTUS guidelines for chronic pain and physical medicine. On 2/18/15, the injured worker submitted an application for IMR for review of additional aquatic therapy 2 x week for 3 weeks to low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional outpatient Aquatic Therapy to the low back 2 time a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, p. 22, AND Physical Medicine, pp. 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, she had completed 8 sessions of supervised aquatic physical therapy which seems warranted, based on the documentation provided. She reported some benefit with these sessions, although no details were documented, and although a continuation of home exercises was reported even without the aquatic therapy, the worker was noticing worsening of her symptoms. Although it might be reasonable to add on 1-3 more sessions of aquatic therapy, the request for continuation will most likely be indefinite if the worker does not have a surgical intervention (knee) or significant weight loss to aid in her success. Therefore, due to supervised physical therapy is not recommended to be a long-term strategy, and due to there not being sufficient detail with the reporting of functional gains related to the completed therapy, the additional 6 sessions of aquatic physical therapy will be considered medically unnecessary.