

<b>Case Number:</b>	CM15-0031526		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/15/2000
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 15, 2000. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve requests for eight sessions aquatic therapy and a weight loss program. The claims administrator referenced a January 8, 2015 progress note and/or associated RFA form in its determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant reported ongoing complaints of knee, ankle, and wrist pain. It was also stated that the applicant also had issues with polyarthralgias of unknown origin. Ancillary complaints of plantar fasciitis were also evident. The applicant weighed 255 pounds, it was stated. The applicant had attended six of eight weeks in sessions of aquatic therapy, it was incidentally noted. The applicant was placed off of work, on total temporary disability, for an additional six weeks. A weight loss program and additional aquatic therapy were proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy (visits 8): 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 Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 8 of 127.

**Decision rationale:** No, the request for eight 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, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite receipt of six to eight prior sessions of aquatic therapy. It did not appear that earlier aquatic therapy had generated significant benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request for additional aquatic therapy was not medically necessary.

**Weight loss program (1): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

**Decision rationale:** Similarly, the request for a weight loss program was likewise not medically necessary, medically appropriate, or indicated here. As noted in MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as the weight loss program at issue may be more difficult, less certain, and possibly less cost effective. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale which would offset the tepid-to-unfavorable ACOEM position on the article at issue. The fact that the applicant remained off of work, on total temporary disability, strongly suggested that the applicant was not intent on maximizing functional gains, and/or intent on losing weight. The attending provider did not outline what attempts the applicant had or had not made to try and lose weight of her own accord. The attending provider failed, in short, to identify any clear, compelling, or cogent applicant-specific factors which would compel the program at issue in the face of the tepid ACOEM position on the same. Therefore, the request was not medically necessary.