

<b>Case Number:</b>	CM15-0034916		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, New York  
 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 56 year old female, who sustained an industrial injury on 7/26/11. She has reported tripping and falling. The diagnoses have included chronic left knee pain status post knee replacement 2/7/12 and 2013 left knee arthroscopy, bilateral shoulder pain, low back pain with stenosis, pain in the joint right thumb. Treatment to date has included surgery, medications, splinting, bracing, conservative measures, radiofrequency ablation left lumbar and 2 sessions of aqua therapy. Surgery included right knee surgery and 5 left knee surgeries. Currently, as per the physician progress note dated 2/3/15, the injured worker complains of neck, shoulder, low back, left knee and right wrist pain and pain in the mid thoracic spine when she turns a certain way. She states that the pain has been worse. The back pain radiates to the buttocks and hips with numbness in the left lower extremity and bilateral feet. There was also achy pain in the neck and left knee. She states that she did not go back to water therapy. She had 2 sessions and would like to have it somewhere else as the massage helped her pain. The pain was rated 8-9/10 without medications and 3/10 with medications. She is working full time and waiting for left knee brace. The current medications were documented. Physical exam revealed cervical and lumbar spine tenderness with decreased range of motion. The left knee had some swelling and pain with range of motion. The right wrist exam revealed tenderness and decreased strength. It was noted that the injured worker would like an extension of water therapy sessions so she can go to another facility where she feels more comfortable. On 2/13/15 Utilization Review non-certified a request for Extension of water therapy knee, low back, neck QTY 6, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Aquatic Therapy was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension of water therapy knee, low back, neck QTY 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**Decision rationale:** The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. There is no documentation that the patient had failed land-based therapy. She had two sessions of aquatic therapy but there was no objective documentation of improvement in pain and function. Therefore, aquatic therapy is not medically necessary at this time.