

<b>Case Number:</b>	CM15-0039235		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/28/1983
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 67-year-old female, with a reported date of injury of 09/28/1983. The diagnoses include abdominal pain, morbid obesity, and status post gastric bypass. Treatments to date have included Nystatin, powders, and ointments. The medical report dated 01/14/2015 indicates that the injured worker presented with abdominal panniculitis and inframammary intertrigo refractory to conservative medication therapy. The injured worker stated that she would get rashes particularly in the summer and when she sweats. The physical examination showed a soft and non-tender abdomen, and mild erythema abdominal pannus and inframammary fold with panniculitis in the intertrigal zone. The treatment plan included the recommendation of abdominal pannus resection with umbilical transposition. The treating physician requested aqua/water therapy. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua/Water Therapy - Water Aerobic Exercise QTY: 30 (visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

**Decision rationale:** According to the MTUS, Aquatic Therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Physical Medicine Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The injured worked is morbidly obese and thus would be served by aquatherapy as indicated above. However, the request for 30 visits is in contrast to the MTUS guidelines above. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.