

<b>Case Number:</b>	CM15-0043293		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 28 year old female who sustained an industrial injury on 4/17/14 when she slipped on a rug and fell injuring her neck, back, bilateral wrists, shoulders, hips, legs, feet and her ribs. She currently complains of cervical spine, lumbar spine, right shoulder, right elbow, right wrist, right hip and bilateral knee pain. She rates her pain intensity as 8/10. Medications include Tramadol and topical creams. Diagnoses include cervical musculo-ligamentous injury; cervical myofascitis; rule out cervical disc protrusion; lumbosacral spine sprain/ strain; lumbar muscle spasms; lumbar disc protrusion; right shoulder sprain/ strain; right shoulder impingement syndrome; rule out right lateral epicondylitis, right medial epicondylitis; right wrist sprain/ strain; right de Quervain's disease; right hip sprain/ strain; left and right knee sprain/ strain and right knee medial meniscus degeneration. Treatments to date include physical therapy, right Spica splint and forearm brace. Diagnostics include MRI lumbar spine revealing lumbar disc protrusion; right knee MRI revealing medial meniscus degeneration (no dates available); cervical spine x-ray, lumbosacral spine x-ray, right shoulder, right elbow, right wrist, right hip, bilateral knees (5/14/14). In the progress note dated 2/4/15 the treating providers plan of care includes aqua therapy for 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 aqua therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 87-88, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than land-based therapy/independent home exercise to address any current functional deficits. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.