

<b>Case Number:</b>	CM15-0044038		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 49 year old female, who sustained an industrial injury on 4/28/06. The injured worker was diagnosed as having persistent low back pain, osteoarthritis, chronic right ankle pain, left shoulder pain, status post right ankle surgery and depression and anxiety due to her chronic pain. Treatment to date has included oral medications including Tramadol and Cymbalta and transdermal medications. Currently, the injured worker complains of ongoing right ankle, right knee and low back pain. The injured worker states with the oral medications and Lidoderm patch she is able to perform activities of daily living and walk for 30 minutes. She also noted with previous aqua therapy she had a significant improvement of pain. The treatment plan included refilling oral and topical medications and a request for aqua therapy. A progress report dated August 6, 2014 indicates that the patient is walking for exercise. The patient was encouraged to participate in tai chi and yoga. A progress report dated January 27, 2015 indicates that the patient has been completely out of medication due to missing an appointment. If she has now been unable to walk for exercise, The note goes on to state that she has been able to walk 30 minutes a couple times a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of aqua therapy for the lumbar spine, right knee and right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Aquatic therapy, Opioids, criteria for use Page(s): 13-14, 22, 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is 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. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Additionally, there is some confusion about whether the patient is currently able to walk for exercise. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, although it does appear there is a flare-up, it appears to be due to the patient running out of medication as a result of missing an appointment. As such, restarting the patient's medication may eliminate the "flare-up." In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.