

<b>Case Number:</b>	CM15-0055757		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/12/2000
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is 69 year old male who sustained an industrial injury on 1/12/2000. His diagnoses, and/or impressions, include: coronary artery disease with essential hypertension, bradycardia and status-post #1 vessel stent; stable angina; atherosclerosis, aorta; congestive heart failure; post-traumatic obesity; sleep disturbance with obstructive sleep apnea; severe stasis dermatitis of the bilateral lower extremities; and chronic obstructive pulmonary disease and bronchitis. Chest x-rays were stated to have been taken on 2/23/2015. His treatments have included echocardiographic consultations (9/2008 & 9/2009); a nuclear scan myocardial perfusion stress test (12/15/14), with rest phase on 12/30/2014; a weight loss program; antibiotic therapy; work restrictions - prior to retirement; and medication management. The progress notes of 2/23/2015, noted complaints that included shortness of breath and the coughing up of brown sputum x 1 month. The physician's requests for treatments included renewal of physical therapy/aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks - Renewal (Aquatic Therapy): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Aquatic Therapy, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks-renewable aquatic therapy is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis knee; venous insufficiency; CHF; stasis dermatitis; coronary artery disease status post stent; essential hypertension; angina pectoris. The documentation from a July 7, 2014 progress note shows the worker is receiving aquatic therapy two times a week times three weeks and has engaged in a physical therapy program. Physical therapy is being renewed and aquatic therapy is also being renewed pursuant to the February 23, 2015 progress note. There was no documentation in the medical record of progress notes or objective functional improvement from prior physical therapy and aquatic therapy. There are no new musculoskeletal issues documented in the medical record. There is no documentation in the medical record the injured worker is unable to tolerate land-based physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is indicated. Physical therapy is not a means for attaining weight loss. Consequently, absent compelling clinical documentation with objective functional improvement and progress notes from previous aquatic therapy and physical therapy, physical therapy two times per week times six weeks-renewable aquatic therapy is not medically necessary.