

<b>Case Number:</b>	CM15-0057948		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: North Carolina  
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 55 year old female, who sustained an industrial injury on 04/01/2014. The initial complaints or symptoms included right groin pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies with maximum allowed physical therapy, x-rays, MRIs, electrodiagnostic testing, and injections. Currently, the injured worker complains of increased weakness in the lower extremities and ongoing lumbar spine pain. There were reports that the trigger point injections and physical therapy provided little to no benefit to the injured worker (per exam dated 10/27/2014). The diagnoses include lumbago, thoracic/lumbosacral neuritis or radiculitis, chronic pain syndrome, lumbosacral spondylosis without myelopathy, and right hip osteoarthritis. The treatment plan consisted of aquatic therapy (pool access) at [REDACTED] Physical Therapy for 6 months, walking cane, and continued physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six months of pool use for aquatic exercise:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy: 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. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. The request for physical therapy is within the recommended number of session but the need for aquatic versus land-based physical therapy has not been established. For these reasons, criteria have not been met for the requested service and it is not medically necessary.

**Walking cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, walking aids.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends walking assistance aids with knee injuries or osteoarthritis of the knee. The patient has the diagnosis of osteoarthritis of the hip, not the knee. Therefore, criteria for the use of walking assistance aids have not been met and the request is not medically necessary.