

<b>Case Number:</b>	CM14-0117953		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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's original date of injury was October 29, 2013. The injured worker's industrially related diagnoses include chronic low back pain, chronic neck pain, chondromalacia patellae, and chronic knee pain. The disputed request is for aquatic therapy for 12 sessions for the regions of the lumbar spine, cervical spine, and bilateral knees. A utilization review determination had noncertified this request on the basis of lack of documentation of functional improvement with previous physical and aquatic therapy. The utilization review determination states that the patient has attended a total of 22 visits of physical and aquatic therapy, and the request for additional sessions is not warranted without documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy x 12 visits, Lumbar Spine, Bilateral Knees, Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99, 22. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Section Page(s): 22, 99.

**Decision rationale:** The submitted documentation contains several physical therapy and aquatic therapy notes. A progress note on February 24, 2014 documents that the patient has had some benefit from aquatic therapy including reduced stiffness. The patient at that time had attended 4 out of 6 aquatic therapy sessions. The patient is noted to have lost a significant amount of weight through exercise. It is noted by the claims administrator that the patient has attended 22 sessions of physical and aquatic therapy thus far. At this juncture, the patient should be transition to a self-directed home exercise program. This tapering of physical therapy to self-directed exercises is recommended by the Chronic Pain Medical Treatment Guidelines. This request is not medically necessary.