

<b>Case Number:</b>	CM15-0013277		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/01/1998
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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

### 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 69 year old male, who sustained an industrial injury on April 1, 1998. He has reported back, knee and ankle pain. The diagnoses have included lumbar segmental instability, herniated nucleus pulposus, neural compression with lumbar radiculitis, internal derangement bilateral knees and rule out internal derangement bilateral ankles. Currently, the IW complains of low back pain and bilateral knee pain with crepitus and ankle pain. Treatment includes X-ray, injections and medication. On December 19, 2014 utilization review non-certified a request for aquatic therapy for the lumbar spine, right knee and ankle; 12 sessions. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 22, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy for the lumbar spine, right knee and ankle; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): (s) 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Low back and Knee & leg procedure summary,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** This patient presents with low back, bilateral knee, and bilateral ankle pain. The patient is not post surgery. The treater is requesting AQUATIC THERAPY FOR THE LUMBAR SPINE, RIGHT KNEE, AND ANKLE 12 SESSIONS. The RFA was not made available for review. The patient's date of injury is from 04/01/1998 and he is currently permanently partially disabled. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The medical records do not show any aquatic therapy reports. The patient has a diagnosis of lumbar segmental instability and internal derangement of the bilateral knees. In this case, the patient can benefit from decreased weight bearing therapy given documented instability; however, the requested 12 sessions exceed guidelines. The request IS NOT medically necessary.