

<b>Case Number:</b>	CM15-0113551		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 62 year old male, who sustained an industrial injury on 9/22/13. The injured worker was diagnosed as having chronic pain syndrome, left shoulder pain, left shoulder strain, labral tear, degenerative joint disease, tendinosis of left knee, medial meniscus tear, anterior cruciate ligament tear, chondromalacia patella, lateral meniscus tear and joint effusion. Treatment to date has included oral medications including Norco, Naproxen, Omeprazole and Cyclobenzaprine, physical therapy, home exercise program and aqua therapy. (MRI) magnetic resonance imaging of left shoulder was performed on 10/24/13 and left on 5/16/13. Currently, the injured worker complains of left knee and left shoulder pain, he notes buckling when walking and states the knee pain is most bothersome currently. The pain is rated 10/10 without medication and 9/10 with medication. He also notes difficulty sleeping. He is able to ambulate 5-10 minutes longer with medications and he notes pain is improved with physical therapy and aqua therapy. Physical exam noted bilateral joint line pain of left knee, effusion with swelling, restricted range of motion and pitting edema of distal lower extremity. An antalgic gait utilizing a walking stick is also noted. A request for authorization was submitted for 6 month access to continue aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six months pool access for independent Aqua therapy for the left knee/shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Low Back- Lumbar & Thoracic (Acute & Chronic) Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Gym Membership.

**Decision rationale:** The patient presents with left knee and left shoulder pain rated 10/10 without and 9/10 with medications. The request is for Six Month Pool Access for Independent Aqua Therapy for the Left Knee/Shoulder. The request for authorization is dated 06/04/15. MRI of the left shoulder, 10/24/13, shows osteoarthritis change of the glenohumeral joint, marked tendinosis of the supraspinatus muscle, small joint effusion, tear of the superior aspect of the glenoid labrum. MRI of the left knee, 05/16/13, shows osteoarthritis changes of the medial compartment, complex tear versus degenerative changes of the medial meniscus, fluid surrounding the medial collateral ligament, high grade partial tear or strain of the anterior cruciate ligament, chondromalacia patella, tear of the lateral meniscus and joint effusion. Physical examination of the left knee reveals palpation elicits bilateral joint line pain, medial more than lateral aspect and prepatellar area. There is effusion with swelling. McMurray's and Apley Compression are positive. Lachman test is positive with pain. Patient is advised to continue with heat, ice, and his home exercise program. Patient's medications include Norco, Naproxen, Omeprazole and Cyclobenzaprine. Per progress report dated 06/02/15, the patient is temporarily totally disabled. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: 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)" MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine "Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision". Per progress report dated, 06/02/15, treater's reason for the request is "to continue with aqua therapy on his own at capital physical therapy where he can be supervised by a physical therapist. Aqua therapy is his only source of exercise and without it he is gaining weight and his circulation is getting worse." Given the

patient's condition, a short course of Aqua Therapy would be indicated. However, per UR letter dated 06/11/15, reviewer notes, "Treatments received at least 12 aquatic therapy sessions between 04/01/15 and 05/13/15." Furthermore, there is no indication the patient to be extremely obese, or discussion as to why the patient cannot participate in traditional weight-bearing exercises. Therefore, the request is not medically necessary.