

<b>Case Number:</b>	CM15-0114805		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/17/2003
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 4/17/2003. Diagnoses include disc disorder lumbar, entrapment neuropathy upper limb, extremity pain, hand pain and shoulder pain. Treatment to date has included medications including Gabapentin, Hydrocodone, Ambien, Carisoprodol, Colace, Escitalopram and Senokot, heat therapy, cold therapy, physical therapy, surgery, acupuncture, chiropractic and psychological care. Per the Doctor's First Report of Occupational injury or Illness dated 5/18/2015, the injured worker reported left shoulder pain, left wrist pain, right wrist pain, left knee pain, and right knee pain. Physical examination of the lumbar spine revealed restricted range of motion upon flexion and extension. Shoulder examination revealed movements restricted in flexion, extension, and abduction. There was palpable tenderness in the acromioclavicular joint. Examination of the bilateral knees revealed no limitation in ranges of motion. There was tenderness to palpation over the lateral and medial joint lines. The plan of care included aquatic physical therapy and authorization was requested for 12 aquatic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve aquatic therapy sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in April 2003 and continues to be treated for bilateral shoulder, wrist, and knee pain. She was requesting access to a heated pool. She had previously had pool therapy with pain relief. There was decreased range of motion with tenderness. The claimant weight was 138 pounds. The claimant has recently had physical therapy and as of February 2015 had attended 10 treatment sessions. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is participating in land based exercises. Additionally, the claimant has recently had physical therapy. The number of visits being requested is excessive and was not reflect a fading of treatment frequency. If the claimant were to exercise in a pool, an independent aquatic program would not require this number of visits. This request is not medically necessary.