

<b>Case Number:</b>	CM15-0125513		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 3/13/12. The injured worker has complaints of lower back pain and left knee pain. Lumbar spine examination revealed that there are spasm present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. The hips have tenderness to pressure over the bilateral greater trochanter. The knees have tenderness to pressure over the left medial joint line. The diagnoses have included lumbar sprain/strain and internal derangement of knee not otherwise specified (left). Treatment to date has included aqua therapy to help reduce pain and improve her range of motion and muscle relaxant to help reduce spasms and stiffness. The request was for aqua therapy, 2 times weekly for 6 weeks, left knee & lumbar spine, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy, 2 times wkly for 6 wks, Left Knee & Lumbar Spine, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week from six weeks to the left knee and lumbar spine (12 sessions) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar sprain strain; and internal derangement of knee NOS. the date of injury is March 13, 2012. The request for authorization is dated June 9, 2015. According to a QME dated June 5, 2015, the injured worker is status post left knee arthroscopy August 2012. The injured worker had 12 sessions of physical therapy to the affected knee. In August 2013 injured worker had additional physical therapy to the low back and left knee. In December 2014, the injured worker had 12 chiropractic sessions. In January 2015 the injured worker had 12 aquatic therapy visits, although symptoms returned after completion of therapy. There was no additional documentation demonstrating objective functional improvement in the QME. The most recent progress note is dated April 27, 2015. The treating provider states there is no improvement. There is increased pain in left knee and low back. Aquatic therapy has helped. Objectively, there is tenderness to palpation in the lumbar paraspinal muscles. As noted above, there is no documentation indicating objective functional improvement with extensive physical therapy and aquatic therapy. There is no clinical rationale for additional aquatic therapy over land-based therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy (or aquatic therapy) over the recommended guidelines is clinically indicated. There is no documentation in the medical record indicating reduced weight-bearing plays a significant role in physical therapy/aquatic therapy. Consequently, absent clinical documentation demonstrating objective functional improvement with both physical therapy and aquatic therapy (12 sessions PT +12 sessions AT), a clinical rationale for additional aquatic therapy and compelling clinical facts indicating additional physical therapy/aquatic therapy is warranted over the recommended guidelines, aquatic therapy two times per week from six weeks to the left knee and lumbar spine (12 sessions) is not medically necessary.