Case Number:	CM15-0173407		
Date Assigned:	09/15/2015	**Date of Injury:**	07/29/2009
Decision Date:	10/22/2015	**UR Denial Date:**	08/21/2015
Priority:	Standard	**Application Received:**	09/02/2015

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, Hawaii
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 63 year old female, who sustained an industrial injury on 7-29-2009. Diagnoses include cervical disc disorder, disorders or bursae and tendons shoulder region, displacement of lumbar intervertebral disc without myelopathy, degenerative disc disease-osteoarthritis right knee, tear of medial cartilage or meniscus right knee, tear of lateral cartilage meniscus right knee, gastroesophageal reflux disease (GERD), and insomnia. Treatment to date has included 10 prior sessions of aquatic therapy. Per the Physical Therapy Progress Report dated 7-31-2015, the injured worker reported 9 out of 10 pain in the back and knees, numbness and tingling in the fingers only and "the pool does help me." Objective findings included lumbar spine flexion 20, extension 2, right rotation 48 and left rotation 21 degrees. Right knee flexion and extension were both 3 out of 5 and left knee flexion and extension were 3+ and 4 out of 5. There is no documentation of increase in activities of daily living or decrease in pain levels secondary to aquatic therapy. The plan of care included "restart pool." On 8-21-2015, Utilization Review non-certified the request for aquatic therapy x6 citing lack of documentation of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 6 session to thoracic spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The patient presents with bilateral knee pain and thoracic spine pain along with numbness and tingling in the fingers only. The current request is for 6 sessions of aquatic therapy for the thoracic spine and bilateral knees. The patient has completed 11 sessions of aquatic therapy to date. The treating physical therapist states on 7/31/15 (17B) to restart pool therapy as the patient reports it helps, as she cannot take medications due to stomach issues. MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight bearing. Additionally, MTUS Guidelines allow 8-10 sessions of aquatic therapy for the diagnoses of myalgia/myositis, the type of condition this patient suffers from. In this case, there is no clinical history of extreme obesity or note of possible benefit from exercise with reduced weight bearing included in the documentation. The request for 6 additional sessions of aqua therapy would exceed MTUS guidelines given that patient has previously completed 11 sessions. Therefore, the current request is not medically necessary.