

<b>Case Number:</b>	CM15-0175277		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 62 year old female, who sustained an industrial injury on February 25, 2012. The injured worker was diagnosed as having lumbar disc disease, left knee arthropathy with status post total knee arthroplasty, and left carpometacarpal (CMC) arthritis. Treatment and diagnostic studies to date has included home exercise program, at least seven sessions aquatic therapy, medication regimen, Synvisc injections, and above note procedure. In a progress note dated July 30, 2015 the treating physician reports complaints in an increase in low back pain with performing exercises for the left knee that was noted to be constant, aching, and stiff, along with spasms to the low back, and aching pain to the bilateral lower extremities to the bilateral feet. Examination performed on July 30, 2015 was revealing for an antalgic gait, decreased range of motion, to the lumbar spine, and hypo-reflexic lower extremities. On July 30, 2015, the injured worker's pain level was rated a 7 out of 10 on a visual analog scale. On July 30, 2015, the treating physician noted that the prior seven sessions of aquatic therapy has provided 80% of a "benefit." On August 06, 2015, the treating physician requested eight sessions of aquatic therapy to the lumbar spine for low back pain noting prior therapy "benefits". On August 13, 2015, the Utilization Review denied the request for eight sessions of aquatic therapy to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, lumbar spine, Qty: 8 (per 8/6/15 order): Upheld**

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

**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 February 2012, and is being treated for low back pain, left knee pain, and left hand pain and has a history of a left total knee replacement. Physical therapy was provided from 01/08/15 through 07/30/15 with completion of 19 sessions including six aquatic treatments with excellent progress. When seen, there was an antalgic gait. There was decreased lumbar range of motion. Her BMI was 40.7. Additional aquatic therapy was requested. 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 had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.