

<b>Case Number:</b>	CM15-0176848		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 65-year-old female, who sustained an industrial injury on December 28, 2011, incurring knees, right wrist and low back injuries. She was diagnosed with osteoarthritis of the knees, carpal tunnel syndrome of the right wrist, and lumbar radiculopathy. Treatment included anti-inflammatory drugs, sleep aides, topical analgesic gels, heat, ice, crutches for mobility and activity restrictions. She noted the analgesic creams and gels were not effective for relief of pain. Acupuncture was also not helpful. In 2012, the injured worker underwent a right carpal tunnel release. In February 2013, the injured worker underwent left knee surgery secondary to degenerative arthritis. Currently, the injured worker complained of increased ongoing left knee pain, right hip and low back pain. She noted continuous right wrist pain, stiffness, and swelling and decreased range of motion. On July 6, 2015, a Magnetic Resonance Imaging of the right wrist revealed rheumatoid arthritis and degenerative joint changes. The treatment plan that was requested for authorization on September 8, 2015, included ten pool therapy sessions. On August 25, 2015, a request for pool therapy was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Pool Therapy sessions:** 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. 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, 10 pool therapy sessions are 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. In this case, the injured worker's working diagnoses are left knee pain status post surgical repair; right wrist pain, status post surgical repair; and low back pain. The date of injury is December 28, 2011. Request for authorization is August 12, 2015. According to the August 12, 2015 progress note, subjective complaints include ongoing left knee pain. Pain score is 9/10. The treating provider instructed the injured worker on ice and heat applications with home exercises. There is no documentation of failed land-based therapy. There are no heights or weights in the medical record. There is no documentation indicating reduced weight-bearing is desirable other than to help the injured worker start a cardiovascular exercise program in a weightless environment. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy and no height or weights in the medical record with an indication reduced weight-bearing is desirable, 10 pool therapy sessions are not medically necessary.