

<b>Case Number:</b>	CM15-0064560		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 07/10/2014 after a robbery and was diagnosed with post-traumatic stress disorder, gunshot wound to the left and right upper extremities. On provider visit dated 03/16/2015 the injured worker has reported bilateral upper extremity, left knee, low back, and neck pain. On examination, the injured worker was noted to have an antalgic gait, pain in neck, anxiety and decrease strength in bilateral upper extremities. The diagnoses have included assault-handgun, left knee contusion, lumbar region sprain/strain, bilateral upper extremities muscle spasm, sprain and strains of neck and long term use of medication. Comorbid conditions include moderate obesity. Treatment to date has included about 24 sessions of aqua therapy (finished in Jan 2015). The provider requested 12 aquatic therapy sessions due to previously having noticeable improvement with aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 AQUATIC THERAPY SESSIONS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-5, Chronic Pain Treatment Guidelines Aquatic Therapy; Exercise; Physical Medicine Page(s): 22, 46-7, 98-9.

**Decision rationale:** Aquatic therapy is an alternate form of physical therapy that minimizes the effects of gravity. It is effective and specifically recommended for patients with significant weight bearing difficulties, such as morbid obesity or other significant weight bearing problems. It is also very effective and highly recommended in patients with fibromyalgia. The literature reflects strong evidence that physical activity is key in returning individuals to function. This patient has a chronic debilitating condition that is made worse with inactivity, but alternately, made functionally better with activity. The MTUS notes the significant benefits from regular exercise in returning individuals to function and relieving discomfort. However, it notes that even when aquatic therapy improves movement and function, regular and high intensity exercise is required to maintain those improvements. Additionally, the MTUS recommends fading of physical medicine treatments to allow for transition to effective, self-directed home therapy. This patient has had an initial course of aquatic therapy ending in January 2015. Presently the patient has an exacerbation of her pain and the provider is requesting more aquatic therapy with a goal for muscle rehabilitation after her gunshot injury to transition to land-based physical therapy. As noted above it makes sense to optimize the exercise-related treatments whenever possible, thus use of aquatic therapy for her pain exacerbation is recommended. Medical necessity for aquatic therapy has been established. Therefore, this request is medically necessary.