

<b>Case Number:</b>	CM15-0073198		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 49-year-old female, who sustained an industrial injury on 6/30/2014. She reported injury of her knees and her right hand, wrist, forearm, shoulder, low back and neck. The injured worker was diagnosed as having lumbar spine sprain/strain, cervical spine sprain/strain with right upper extremity radiculopathy, right side carpal tunnel syndrome. Treatment to date has included medications, x-rays, physical therapy, and bracing. The request is for aquatic therapy. On 12/4/2014, she complained of bilateral knee pain, difficulty walking, lumbar spine pain, cervical spine pain, and weakness. The records indicate she completed several sessions of land-based physical therapy. The treatment plan included aquatic therapy, and a cane. Several pages of the medical records are handwritten and difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land based physical therapy, especially when reduced weight bearing is desirable. In this case, the patient completed several sessions of land-based therapy but the records do not state that the patient is unable to complete the course of land-based physical therapy. The request for aquatic therapy 2x/week for 6 weeks is not medically necessary.