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| <b>Case Number:</b>   | CM15-0077951 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 02/11/2000 |
| <b>Decision Date:</b> | 06/02/2015   | <b>UR Denial Date:</b>       | 03/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2015 |

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 73 year old female who sustained an industrial injury on 02/11/00. Initial complaints and diagnoses are not available. Treatments to date and diagnostic studies are not available. Current complaints are not addressed. Current diagnose include bilateral carpal tunnel syndrome and status post bilateral knee replacements. In a progress note dated 02/18/15 the treating provider reports the plan of care as aquatic therapy for two weeks. The requested treatment is pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 6 visits to lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

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

**Decision rationale:** Aquatic therapy is an optional form of exercise therapy as an alternative to land-based therapy. The date of injury in this 73 year-old female was in 2000. Medical records submitted do not provide evidence of re-injury, dates of surgeries, decreased range of motion or pain symptoms to support the request for aquatic therapy. The claimant is s/p bilateral knee replacements without complications. She is able to ambulate independently although occasionally uses a walker. Her main complaints are stiffness in her knees and cervical and lumbar pain. The records do not, however, detail any functional losses. There is also no evidence that she has tried and failed a home exercise program. The request is not medically necessary at this time.