

<b>Case Number:</b>	CM15-0092031		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: 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 46 year old female, who sustained an industrial injury on 06/18/2014. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical spine discogenic changes, lumbar spine sprain/strain, and bilateral knee internal derangement. Treatment and diagnostics to date has included electromyography/ nerve conduction studies positive for bilateral carpal tunnel syndrome, physical therapy, home exercise program, and medications. In a progress note dated 04/16/2015, the injured worker presented with complaints of bilateral knee, neck, and low back pain. Objective findings include tenderness to palpation to lumbar tenderness and cervical and lumbar decreased range of motion. The treating physician reported requesting authorization for aquatherapy for cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy 2x 4 to 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) indicate that patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Medical records document a history of neck, back, and knee complaints. Past treatments have included physical therapy. The primary treating physician's progress report dated 4/16/15 documented subjective complaints of bilateral knee pain. No physical examination of the knees was documented. No weight was documented. No lower extremity deficits were documented. The treatment plan include physical therapy, home exercise program, and aqua therapy. Aqua therapy 2 x 4-6 was requested. Functional improvement with past physical therapy was not documented. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable. The 4/16/15 progress report does not establish the need for reduced weight bearing. MTUS guidelines do not support request for aquatic therapy. Therefore, the request for aqua therapy is not medically necessary.