

<b>Case Number:</b>	CM15-0098900		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female, who sustained an industrial injury on 4/18/2011. The injured worker was diagnosed as having affective spectrum disorder/fibromyalgia, multi-level lumbar spondylosis with lateral recess stenosis, and chronic right knee sprain. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Currently, the injured worker complains of constant low back pain with radiation to the thoracic spine and down both lower extremities, with numbness and tingling (rated 4/10), intermittent right knee pain with clicking and popping (rated 4/10), reflux disease, high blood pressure, sleep disorder, and anxiety/depression. She had difficulty completing activities of daily living and problems sleeping, due to pain. Current medications included Xanax, Atenolol, and Metformin. Her height was 5'2" and her weight was 184 pounds. Her gait was not antalgic and she was able to walk on her heels and toes. Exam of the cervical, thoracic, and lumbar spines noted diffuse muscle guarding and tenderness. Axial head compression, Yeoman's test, and straight leg raise tests were positive. Motor and sensory exams of the upper and lower extremities were within normal limits. The treatment plan included aquatic therapy x 12, noting its effectiveness for pain and suffering, improving cognitive decline, and improving overall sense of well being.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy, (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.