

<b>Case Number:</b>	CM14-0172772		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/12/1995
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 (IW) is a 56-year-old woman with a date of injury of December 12, 1995. The injury was described as a slip and fall resulting in injuries to her lower back and right knee. The type and nature of treatment rendered post-injury was not available for review in the medical record. She has undergone 4 arthroscopic knee surgeries, but each time her pain gets worse. She went on to develop compensatory left knee and lumbar spine problems. She continues to follow-up with her provider and receives medications. She has periodically tried acupuncture and chiropractic care, but does not notice any lasting relief. She does not report any ongoing or worsening symptoms. She just reports periodic "fare-ups". Pursuant to the progress note dated September 3, 2014, the IW was re-evaluated and confirms that she had started aquatic therapy and completed 4/6 visits. She reports decreased pain both during PT and afterwards. She has been able to tolerate 45 minutes of exercise in the pool, which is much more than on land. She has improved slightly in sitting tolerance, though she continues to be limited in walking tolerance and stairs (non-reciprocal). Diagnoses are limited core and left knee strength; lumbar spondylosis, rule out left upper lumbar radiculopathy, left knee degenerative joint disease, exercise tolerance and mobility limited by back pain, and residual chronic pain-induced depression. The IW declines facet block injections. The provider recommends: Continue medications, back brace, TENS unit, and home based independent exercise program. The IW will continue the current approved supervised aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Therapy for low back and left knee x 4: 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(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy #4 sessions for his low back and left knee are denied. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. The ACOEM states the past history is essential prior to certifying any additional treatment or diagnostic testing. In this case, there were no references to morbid obesity or therapy that involves weight-bearing issues. The injured worker is on a home-based exercise program. Prior to the aquatic therapy request, the injured worker had received four out of six aquatic therapy sessions. The treating physician requested an additional six aquatic therapy sessions prior to completing the first six. There were no indications documented in the medical record as to why what aquatic therapy is more beneficial over that of physical therapy (land-based). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, aquatic therapy for sessions for low back and left knee pain is not medically necessary.