

<b>Case Number:</b>	CM13-0008722		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/09/2005
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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 patient is a 54-year-old injured worker who reported an injury on March 9, 2005. The patient is currently diagnosed with chronic pain syndrome. The patient was recently seen by [REDACTED] on December 03, 2013 and physical examination revealed limited lumbar mobility and positive hip pain. Treatment recommendations included decrease of Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**pool program 1 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable, for example, extreme obesity. As per the clinical notes submitted, the patient has previously participated in a course of aquatic therapy in 2012. An outpatient progress

summary was submitted on September 25, 2012. The patient was unable to meet their goal of decreasing pain level below 6/10 and was unable to manage pain independently. The patient was issued written and verbal instructions on a home exercise program, as well as an aquatic exercise program. Without documentation of significant functional improvement following the initial course of aquatic therapy, continuation of treatment cannot be determined as medically appropriate. Furthermore, there is no indication that this patient is non-weightbearing or unable to participate in land-based physical therapy or a self-directed home exercise program. The request for a pool program once a week for six weeks is not medically necessary and appropriate.