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| <b>Case Number:</b>   | CM13-0013564 |                              |            |
| <b>Date Assigned:</b> | 09/26/2013   | <b>Date of Injury:</b>       | 11/04/2011 |
| <b>Decision Date:</b> | 02/27/2014   | <b>UR Denial Date:</b>       | 08/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2013 |

### 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 Physical Medicine & Rehabilitation 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year-old male mechanic sustained a continuous trauma injury on November 4, 2011 while employed by [REDACTED]. The request under consideration is Pool Therapy 2 x 4 to the Lumbar area. In a report from [REDACTED] dated June 10, 2013, it was noted that the patient's symptomatology is basically unchanged since his last visit. The patient continues to experience right shoulder pain and left knee pain with some mid back discomfort. Examination showed TTP over the AC joint of right shoulder; flex/extension 150/30 degrees; left knee with tenderness over medial and lateral joint lines of knee with normal flexion and extension; Mid-back with some tenderness to palpation subscapularly. The patient's diagnosis included internal derangement of left knee, impingement syndrome of right shoulder, and thoracic mid-back pain. The patient's treatment plan included formal supervised pool therapy to the lumbar spine 2 times per week for 4 weeks, acupuncture, and continued medications. The patient remained temporarily totally disabled. In a report from [REDACTED] date March 27, 2013 it was noted that lumbar spine x-rays revealed L5-S1 disc narrowing. The request for pool therapy was non-certified on August 5, 2013, citing guidelines criteria and lack of medical indication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy 2 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** Pool Therapy does not seem appropriate as the patient has received land-based physical therapy. There are no records indicating intolerance of treatment, that the patient is incapable of making same gains with a land-based program, nor is there any medical diagnosis or indications that require Aqua therapy at this time. The patient is not status post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a home exercise program. He has completed formal sessions of physical therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this November 2011 injury. Per Chronic Pain Medical Treatment Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. A review of the submitted physician reports shows no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The treatment request for Pool Therapy 2 x 4 is not medically necessary and appropriate.