

<b>Case Number:</b>	CM13-0032060		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Occupational 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is represented [REDACTED] [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of June 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; interventional spine procedures; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of September 13, 2013, the claims administrator denied a request for swim therapy at club sport, citing non-MTUS Guidelines in the form the ODG chronic pain chapter. The applicant subsequently appealed. In a September 11, 2013 handwritten note, the applicant is described as reporting mid back pain, neck pain, and low back pain. In an earlier note of September 4, 2013, the applicant is described as having consulted a neurosurgeon, who apparently declined to intervene operatively. Facet joint injections were sought. The applicant requested water-aquatic therapy in the form of a club sport gym membership. Vicodin, Cialis, and Celebrex were prescribed. In an earlier note of August 28, 2013, the applicant was, it is incidentally noted, described as having a normal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SWIM THERAPY AT CLUB SPORT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), AQUATIC THERAPY.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the utilization review report, September 13, 2013, following date of injury June 27, 2013. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to maintain and adhere to exercise regimens. Thus, the club sport membership/aquatic therapy is being sought by the attending provider has been deemed by ACOEM to be a matter of the applicant's responsibility as opposed to a matter of payer responsibility. In this case, it is further noted that the applicant is described as independently ambulatory, effectively obviating the need for aquatic therapy. Therefore, the request is not certified, on independent medical review.