

<b>Case Number:</b>	CM13-0035233		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/29/2006
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with an injury date of 04/29/2006. Based on the 09/25/2013 progress report, the patient complains of having pain in his neck, lower back, and down the right leg. He has numbness in his hands, weakness in his right arm, right shoulder, chronic pain, difficulty sleeping, pain in the lower back, and difficulty walking. He also has high blood pressure. The patient has an antalgic gait, favoring the right leg. He has decreased sensation in the hands, especially the lateral aspect of the 4th and 5th fingers of the right hand. In regards to his neck, he has a limited range of motion. The patient also has tenderness to palpation along the right and left sacroiliac notch, right worse than left on the back. He has discomfort in his neck and lower back. The patient has decreased sensation in the hands and is unable to raise the right arm above the shoulder with pain. The 08/14/2013 report also mentions that the patient has a "right leg strain with pain in the right lower back, also pain now in his left knee with straight leg raising about 30 degrees." The patient's diagnoses include the following chronic pain related to work-related injury on April 29, 2006; depression; blood pressure, high; sleep apnea; lumbosacral radiculopathy and muscle spasm related to neurologic or lumbar compressive disorder; pain in the right shoulder; spasm in the neck and lower back; status post cervical fusion C5, C6, and C7; failed back syndrome and failed neck syndrome; dizziness related to medications; encephalopathy; and sleep dysfunction. The utilization review determination being challenged is dated 09/30/2013. Treatment reports were provided from 05/13/2013 - 09/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the 09/25/2013 report, the patient presents with pain in his neck, lower back, and down the right leg. The request is for pool therapy to decrease pain and increase strength 1 to 2 times per week. MTUS page 22 states that 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 effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. In this case, there is no documentation of extreme obesity or the need for reduced weight bearing. There is no discussion provided as to why the patient needs aquatic therapy and cannot tolerate land-based therapy or home exercises. The provider does not discuss the patient's therapy treatment history either. Therefore, this request is not medically necessary.