

<b>Case Number:</b>	CM13-0035708		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Orthopedic Surgery 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 37 year old male who reported an injury on 12/26/2012. The mechanism of injury was stated to be a hip contusion and fall. The patient was noted to have a lumbar surgery. The patient's diagnosis was noted to be a contusion of the back. The request was made for pool therapy and a pro-stim unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy x 8 to Lumbar:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The clinical documentation submitted for review dated 10/04/2013 revealed that the patient had significant low back pain and leg symptoms as well as activity limitations. However, there was a lack of documentation indicating that the patient would not be able to tolerate land

therapy. Given the above, the request for pool therapy times 8 to the lumbar spine is not medically necessary.

**Pro-Stim Unit:** 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 TENS Page(s): 115-116.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated that the patient would be using this as an adjunct to pool therapy. However, as pool therapy was not approved, and a TENS unit is to be used as an adjunct to therapy, the request for a TENS unit would not be approved. Additionally, there was a lack of documentation indicating that other appropriate pain modalities had been tried and failed. Given the above, the request for a Pro-Stim unit, with the lack of indication for purchase or rental, is not medically necessary.