

Case Number:	CM13-0042395		
Date Assigned:	12/27/2013	Date of Injury:	01/07/1998
Decision Date:	02/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice, 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 claimant is a 74 year old female who sustained a work-related injury on 1/7/98. This injury resulted in shoulder impingement and lumbar radiculitis. Interventions for pain management have included epidural steroid injections, Tylenol, and Soma. A recent exam report on September 19, 2013 indicated 50% improvement in back pain and 70% pain relief in leg pain after the epidural injections. Examination findings were consistent with lumbar nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

pool therapy twice a week for six 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: According to the MTUS guidelines, aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, as in the case of extreme obesity. In this case, there is no documentation to indicate obesity, failed land therapy, or reasoning for pool therapy that could not be completed in

the form of physical therapy or home exercises. Based on the information provided, pool therapy is not medically necessary.