

<b>Case Number:</b>	CM13-0059415		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/20/1997
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Texas. 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 65-year-old female who reported an injury on 05/20/1997. The mechanism of injury was not specifically stated. The patient was diagnosed with low back pain, radiating nerve pain to the bilateral lower extremities, myofascial tension and left knee pain. The patient was seen by [REDACTED] on 07/15/2013. The patient reported 7-8/10 pain. Physical examination revealed painful range of motion, tenderness to palpation, paravertebral muscle spasm, limited lumbar range of motion and decreased strength. Treatment recommendations included the continuation of current medication and water-based physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown access to the pool for independent exercise program:** 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), Low Back-Lumbar & Thoracic.

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

**Decision rationale:** The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical

therapy. There is no indication that this patient requires reduced weight bearing as opposed to land-based physical therapy. There is no evidence of objective measurable improvement following the initial course of aquatic therapy. Based on the clinical information received, the request is non-certified.