

<b>Case Number:</b>	CM14-0005451		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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:

This is a 48-year-old female patient with a 5/14/04 date of injury. The mechanism of injury was not provided. On 5/15/13 the progress report indicated that the patient complained of a flare-up of the lumbar spine. She remembered that pool therapy was helpful for her. The patient was also symptomatic for neck and bilateral elbow pain. Physical exam demonstrated tenderness and tightness over lumbar musculature. There where pain and tenderness over the trochanteric bursa. Straight leg test was positive bilaterally. Range of motion was restricted. There was spasm and tenderness in the cervical paraspinal musculature. She was diagnosed with neck pain, status post anterior cervical discectomy, and fusion, right shoulder pain, and lumbar degenerative disease. Treatment to date: medication management, and pool therapy. There is documentation of a 1/18/14 adverse determination, based on the fact that there was no documentation of a previous therapy beneficial effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy X 8 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

**Decision rationale:** CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there was no evidence that the patient had difficulty with ambulation and weight-bearing. In addition, it was unclear why the patient was not able to have regular land-based exercises program. Therefore, the request for pool therapy x 8 visits was not medically necessary.