

<b>Case Number:</b>	CM14-0118798		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 47-year-old female who reported an injury on 09/06/2001. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included a TENs unit, aquatic therapy, physical therapy, medications, psychiatric support, and acupuncture. The injured worker was evaluated on 06/17/2014. It was noted that the injured worker had continued pain complaints and remains compliant and independent with pool exercises. Physical findings included decreased range of motion secondary to pain with a bilateral positive straight leg raising test and tenderness to the sacroiliac joint. The injured worker's diagnoses included lumbar spondylosis with spondylolisthesis, possible bilateral sub trochanteric bursitis, and chronic pain. The injured worker's medications included Lyrica, Nucynta, Voltaren gel, and Mineral Ice gel. The injured worker's treatment plan included continuation of medications, continuation of aquatic exercise program, and continued use of a TENs unit. A request was made for 6 months of aquatic pool access, however, no justification for the request was provided. No Request for Authorization was submitted for this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Months Aquatic Pool Access:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Index, 11 Edition (web) 2013 Knee & Leg Chapter, Gym Membership.

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non weight bearing environment to participate in active therapeutic rehabilitation. The clinical documentation submitted for review does not provide any evidence that the injured worker requires a non weight bearing environment. It is noted that the injured worker is participating in a self-directed and self-managed aquatic therapy program. However, there is no documentation supporting that the injured worker cannot participate in a self-directed self-managed land based home exercise program and requires the use of a pool. As such, the requested 6 months aquatic pool access is not medically necessary.