

<b>Case Number:</b>	CM14-0130707		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine & 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:

This 66 year-old patient sustained an injury on 8/31/07 while employed by [REDACTED]. Request(s) under consideration include 6 months pool exercise program. Diagnoses included degenerative cervical disc disease; low back strain with underlying degenerative disc disease; left hip sprain; left knee sprain; chronic ACL partial tear and DJD; old right hemiparesis secondary to gunshot wound and post-concussion syndrome. Conservative care has included H-wave, injections, use of cane, medications, physical therapy, Synvisc injections, home exercise, and modified activities/rest. Physical therapy report of 4/1/13 noted low back and neck pain rated at 6-8/10. Neck was still very limited but loosened in water with manual work. Exam showed patient performed exercises for pain management and flexibility and was ready to do own program with spouse. PT report of 4/3/13 noted physical therapy on land for ankle foot orthosis of right lower extremity would benefit with patient ready for strengthening of lower extremity as well as land therapy for neck range of motion and mobilization. Report of 7/21/14 from the provider noted the patient had gone to the [REDACTED] and noticed the head caused leg swelling. Exam showed continued hemiplegic gait; walked with cane; psoriasis over the back improved but the leg worsened; tenderness over neck, low back, and left knee. Treatment included continuation of home exercise program and pool program. The request(s) for 6 months pool exercise program was non-certified on 8/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 months pool exercise program: 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, Low back, Physical Therapy Official Disability Guidelines, Neck and Upper Back , Physical Therapy Official Disability Guidelines, Hip & Pelvis, Physical Medicine Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** This 66 year-old patient sustained an injury on 8/31/07 while employed by [REDACTED]. Request(s) under consideration include 6 months pool exercise program. Diagnoses included degenerative cervical disc disease; low back strain with underlying degenerative disc disease; left hip sprain; left knee sprain; chronic ACL partial tear and DJD; old right hemiparesis secondary to gunshot wound and post-concussion syndrome. Conservative care has included H-wave, injections, use of cane, medications, physical therapy, Synvisc injections, home exercise, and modified activities/rest. Physical therapy report of 4/1/13 noted low back and neck pain rated at 6-8/10. Neck was still very limited but loosened in water with manual work. Exam showed patient performed exercises for pain management and flexibility and was ready to do own program with spouse. PT report of 4/3/13 noted physical therapy on land for ankle foot orthosis of right lower extremity would benefit with patient ready for strengthening of lower extremity as well as land therapy for neck range of motion and mobilization. Report of 7/21/14 from the provider noted the patient had gone to the Philippines and noticed the head caused leg swelling. Exam showed continued hemiplegic gait; walked with cane; psoriasis over the back improved but the leg worsened; tenderness over neck, low back, and left knee. Treatment included continuation of home exercise program and pool program. The request(s) for 6 months pool exercise program was non-certified on 8/8/14. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The 6 months pool exercise program is not medically necessary and appropriate.