

<b>Case Number:</b>	CM14-0134465		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	06/24/2001
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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, has a subspecialty in Pain Management 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 female patient with the date of injury of August 24, 2001. A Utilization Review was performed on August 7, 2014 and recommended non-certification of individual pool membership (months) QTY: 3.00. A Follow Up Report dated July 24, 2014 identifies she found pool therapy very helpful. She lost 15 pounds. She notes continued numbness in her legs. Physical Examination identifies obesity. Discrete tender trigger points over her low back and buttocks. Range of motion is decreased. Impression identifies low back strain and history of plantar fasciitis. Plan identifies order an individual three-month pool program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual pool membership for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute- Low Back, Lumbar and Thoracic (Acute & Chronic) updated 07/03/2014, Gym Memberships.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for individual pool membership for 3 months, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, while there is note of obesity, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment (such as extreme obesity). Furthermore, there is no indication as to how many therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested individual pool membership for 3 months is not medically necessary.