

<b>Case Number:</b>	CM14-0139831		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Family Practice 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 53-year-old female claimant sustained a work injury on 7/6/99 involving the low back, right knee and right shoulder. She was diagnosed with multilevel lumbar disc protrusion, degenerative disc disease with lower extremity radiculopathy and chronic right shoulder pain. Her progress on August 7, 2014 indicated she had been undergoing pool therapy. She had a high level of dysfunction and significant disability. The claimant had been in a wheelchair at the time and physical exam was deferred. However there was tenderness in the cervical and thoracic regions with limited range of motion. The physician requested Twinges in the hinges program at the Salvation Army, physical therapy and assistance getting in and out of the pool.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 [REDACTED] swimming program. Twinges in the hinges, to help teach and assist, how to get in and out of the pool, for the lumbar spine, right shoulder and right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

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

**Decision rationale:** According to the MTUS guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. In this case the claimant has been undergoing land-based physical therapy. There was no indication that Aqua therapy was replacing land therapy due to inability of completing land therapy. In addition, the claimant had undergone an unknown amount of aqua therapy. Specific response to all therapy previously completed and the amount completed were not noted. The request for swimming program, twinges and hinges and assistance in and out of the pool is therefore not medically necessary.