

<b>Case Number:</b>	CM14-0150952		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/28/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 case involves a 47-year-old male with a 7/1/12 date of injury. A specific mechanism of injury was not described. An agreed medical re-evaluation report dated 8/20/14 indicated that the patient complained of some pain in the neck and trapezius area and pain in the mid back. He complained of pain in the lower back aggravated by lifting and bending activities. Currently, the patient presented with a flare-up concerning a history of an episode and re-injury. On 11/19/13, the injured worker bent forward to pick up a book from the floor and felt an abnormal sensation of a crack as well as onset of pain and spasm. This could be an exacerbation therefore, the provider would like for the patient to undergo a course of conservative measures and then re-evaluate. Objective findings include limitation of lumbar mobility and range of motion, mild discomfort with cervical mobility testing and some limitation of mobility. Diagnostic impression includes recurrent musculoligamentous strain, lumbosacral spine, and lower extremity radiation without clinical radiculopathy. Treatment to date includes medication management and activity modification. A UR decision dated 9/4/14, denied the request for 6 visits of pool therapy. There is limited evidence of significant deficits on exam that necessitate pool therapy. In addition, there is no indication for the need of reduced weight bearing environment to make gains. Treatment to date: medication management, activity modification. A UR decision dated 9/4/14 denied the request for 6 visits of pool therapy. There is limited evidence of significant deficits on exam that necessitate pool therapy. In addition, there is no indication for the need of reduced weight bearing environment to make gains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 6, 2 x a week x 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. A UR decision dated 9/4/14 certified 6 visits of physical therapy to address the patient's pain flare-up. There is no documentation that the patient requires aqua therapy as opposed to land-based physical therapy. There is no documentation that the patient is extremely obese. Therefore, the request for pool therapy 6, 2 x a week x 3 weeks is not medically necessary.