

<b>Case Number:</b>	CM14-0156119		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/13/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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:

This is a 52-year-old female with a 4/13/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/8/14 noted subjective complaints of neck pain, shoulder pain, and lower back pain. Objective findings included cervical spine tenderness to palpation and decreased ROM (range of motion). It also showed lumbar facet tenderness. Diagnostic Impression: cervical disc disease and thoracic or lumbosacral neuritis or radiculitis. Treatment to Date: physical therapy, ESI (epidural steroid injection), and medication management. A UR decision dated 8/29/14 denied the request for pool therapy x 12 visits. There is no documentation of recent surgery or a new injury or clinically significant exacerbation or aggravation of the original undisclosed work-related injury. The medical necessity for the resumption of another course of skilled physical therapy services in the aquatic environment cannot be established based upon the clinical guidelines and/or clinical data submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; treatment assessment approaches; Aquatic Therap.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy 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. However, given the 2009 original date of injury, it is unclear how many sessions of physical therapy and/or pool therapy the patient has received. Additionally, there is no clear documentation of specific objective benefit obtained from prior sessions of physical medicine. Furthermore, there is no documentation of a condition such as extreme obesity which would warrant the use of pool therapy over land-based therapy. Therefore, the request for pool therapy x 12 visits was not medically necessary.