

<b>Case Number:</b>	CM14-0023912		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Medicine, and is licensed to practice in Arizona. 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:

The patient is a 53-year-old female with a date of injury on 10/29/2009. Diagnoses include back disorder, sprain of neck, idiopathic scoliosis, thoracic sprain, lumbosacral sprain and shoulder region disorder. Subjective complaints are continued pain in the neck and back, and headaches. It is noted that the patient has lost 70 lbs. The Physical exam shows a height of 5' 1" and 178 pounds. There is tenderness over cervical facets with spasm in the trapezius and tenderness in the lumbosacral region. Motor and sensory exam was normal. The patient has undergone extensive physical therapy (34 sessions) and pain management with some relief. Patient does home stretching and is looking into doing yoga.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT POOL THERAPY (2) TIMES A WEEK FOR (6) WEEKS TO MULTIPLE BODY PARTS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Aquatic Therapy.

**Decision rationale:** The California MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The Official Disability Guidelines recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. This patient has lost 70 pounds and has been able to perform land based physical therapy and yoga. The patient is not morbidly obese and there is no indication that pool therapy would be more effective than land based exercises. Therefore, the request for aquatic therapy is not medically necessary.