

<b>Case Number:</b>	CM14-0024732		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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:

The patient is a 51 year old female with an injury date of 06/27/11. Based on the 11/27/13 progress report, the patient complains of right shoulder pain. She has muscle spasm of the anterior shoulder. The 12/17/13 report states that the patient also has lumbar spine pain which she describes as being achy and stiff. In addition, the patient has pain in her right elbow, right wrist, right hip, right knee, and right ankle. She also has depression, anxiety, irritability, and loss of sleep due to pain. The patient has a slow and guarded gait. There is 3+ tenderness to palpation of the lumbar paravertebral muscles as well as muscle spasm of the lumbar paravertebral muscles and thoracolumbar junction. She has a positive Kemp and Bechterew's. A sitting straight leg raise causes pain on the right. The right elbow has a painful range of motion and +3 tenderness to palpation of the lateral/medial elbow. There is muscle spasm of the lateral forearm and Cozen's causes tingling. In regards to the right shoulder, there is WHSP x 3 present and +3 tenderness to palpation of the acromioclavicular joint, lateral shoulder, and posterior shoulder. There is muscle spasm of the lateral shoulder and posterior shoulder. Both Speed's and Supraspinatus Press tests are positive. The right hip has +3 tenderness to palpation of the lateral hip and posterior hip. There is muscle spasm of the lateral hip and posterior hip. The patient has +3 tenderness to palpation of the lateral knee and medial knee. She has muscle spasm of the lateral knee, medial knee, and superior border of the patella. McMurray's test was tested positive. In regards to the right ankle, there is +3 tenderness to palpation of the lateral ankle, muscle spasm of the calf, positive Anterior Drawer test, and tingling with the Posterior Drawer. The patient's diagnoses include the following lumbar disc protrusion; lumbar radiculopathy; right rotator cuff tear; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain/strain; status post-surgery, right shoulder, right elbow sprain/strain; right lateral epicondylitis; right carpal sprain/strain; right hip sprain/strain; right knee internal derangement; disruptions of 24-hour

sleep-wake cycle; loss of sleep; sleep disturbance; anxiety; depression; irritability; and nervousness. The utilization review determination being challenged is dated 01/28/14. Treatment reports were provided from 09/10/13 - 12/17/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pool Therapy two (2) times a week for four (4) weeks:** Upheld

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

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

**Decision rationale:** According to the 12/17/13 report, the patient has pain in her lumbar spine, right shoulder, right elbow, right wrist, right hip, right knee, and right ankle. The request is for pool therapy two times a week for four weeks. Review of the reports does not indicate that the patient had any prior aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines page 22 states that aquatic therapy is "Recommended 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." In this case, there is no discussion provided as to why the patient needs aquatic therapy and cannot complete land based therapy. None of the reports mention if the patient is obese. Therefore, this request is not medically necessary.