

<b>Case Number:</b>	CM14-0039359		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

51 yr. old male claimant sustained a work injury on 8/13/13 involving the knees and back. He was diagnosed with left knee arthropathy, spondylosis of the cervical spine, and cervical spine nerve root impingement. A progress note on 2/11/14 indicated that he had left and right calf pain and worsened while at the gym. He was given oral analgesics and remained off of work. A progress note on 5/7/14 indicated that the claimant can barely walk on his knees. Exam findings were notable for reduced flexion of the knees. The treating physician recommended a swim program to alleviate the symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Swim program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** According to the MTUS guidelines, 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, the claimant may benefit from a swim program or aquatic therapy, however, the physician did not outline the number of treatments necessary and goals he wished to obtain. As such the request for a swim program alone without specific treatment time parameters is not medically necessary.