

<b>Case Number:</b>	CM14-0043874		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/24/2006
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 58-year-old female with a reported date of injury on 12/24/2006. The injury reportedly occurred while the injured worker was leaning over holding a frame; she noted back pain. Her diagnoses were noted to include cervical myoligamentous strain, right shoulder injury, lumbar myoligamentous strain, anxiety and depression. Her previous treatments were noted to include; pool therapy, chiropractic treatment, physical therapy and medications. The progress note dated 01/30/2014 revealed the injured worker complained of neck, right shoulder, right upper extremity, and low back pain and numbness. The injured worker indicated her main pain was in her low back which she described as coming on with standing and sitting. The injured worker reported pain radiating into the left lower extremity with numbness and tingling in both feet. The physical examination of the neck revealed tenderness in the cervical and trapezius muscle groups mainly on the right side. The range of motion of the cervical spine was restricted. There was tenderness noted in the lumbar paraspinal muscles and range of motion of the lumbar spine was limited to pain. The physical examination of the extremities revealed painful, decreased range of motion to the right shoulder. There was pain upon palpation of the distal joints and hand joints. The motor examination was rated 5/5 and sensation was intact throughout. The physical examination performed 04/29/2014 revealed the injured worker was doing poorly. The objective findings noted movements were restricted, limited and severe right-sided neck pain. There was Tinel with percussion at the right scalene muscle, positive right costoclavicular abduction test and Roos test on the right, frozen right shoulder, range of motion, positive right carpal, cubital and radial tunnel Tinel. The lumbar spine examination revealed tenderness and referred back pain with straight leg raise. The request for authorization form was not submitted within the medical records. The request is for 12 pool therapy visits for the low back.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy X 12, low back:** Upheld

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

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

**Decision rationale:** The injured worker has received previous unknown number of pool therapy sessions. The California chronic pain medical treatment guidelines recommend 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. The guidelines recommend 9-10 visits for myalgia and myositis. There is a lack of documentation regarding current measurable objective functional deficits in regard to range of motion and motor strength as well as quantifiable objective functional improvement with previous physical therapy. Additionally, there is a lack of documentation regarding previous number of pool therapy sessions and the request exceeds guideline recommendations. Therefore, the request is not medically necessary.