

<b>Case Number:</b>	CM14-0081253		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Medicine, and is licensed to practice in Pennsylvania, Ohio, Michigan, and Texas. 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 59 year-old female with a reported date of injury of May 24, 2011. A May 9, 2014 progress report reveals a clinically obese individual who recently developed a macular rash as a result of taking the anti-hypertensive medication, Lisinopril. It is noted the injured worker has generalized pain throughout the lumbar para-spine musculature. Diagnoses include diabetic peripheral neuropathy, lumbar spondylosis with left sciatica symptoms, posttraumatic arthrosis of left wrist, and left shoulder impingement syndrome. The injured workers prior utilization review resulted in denial of six sessions of pool therapy to the low back and right shoulder on May 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool Therapy x6 session to low back and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines on Page 22 states: '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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains'. The requested 6 sessions of aquatic therapy to the lumbar spine and right shoulder (twice weekly x 3 weeks) is not considered medically necessary because the patient has no documented clinical evidence of fibromyalgia.