

<b>Case Number:</b>	CM14-0099591		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/28/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old female was reportedly injured on November 17, 2008. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of right shoulder pain and low back pain. The physical examination demonstrated decreased lower extremity muscle strength and decreased sensation below the knee and posterior thigh. Examination the right shoulder revealed mild tenderness at the anterior shoulder and decreased shoulder range of motion. There was a negative Hawkins test. Diagnostic imaging studies of the lumbar spine revealed the bilateral L3 - L4 and L4 - L5 laminectomy, and mild to moderate multilevel foraminal stenosis and facet arthropathy. An MRI the right shoulder revealed supraspinatus tendinopathy, and AC joint arthropathy. Previous treatment includes a lumbar spine L3 - L4 and L4 - L5 decompression, aquatic therapy, psychotherapy, medications, the use of AFO's, and a right shoulder injection. A request had been made for one year pool therapy for the lower back and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year pool therapy to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 of 127..

**Decision rationale:** The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. A review of the available medical records, fails to document why the injured employee is unable to participate in land-based physical therapy. As such, this request for one year of pool therapy for the lower back is not medically necessary.