

<b>Case Number:</b>	CM14-0203521		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Practice, 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:

This 54 year old female sustained work related industrial injuries on May 6, 2013. The mechanism of injury involved falling on the floor, landing face down at work. The injured worker subsequently complained chest and bilateral knee pain. The injured worker also reported pain in her hand, neck and back. Treatment consisted of prescribed medications, physical therapy, pool therapy, right knee surgery in Feb 2014, injections, radiographic imaging, consultation and periodic follow up visits. Per qualified examiner visit on October 20, 2014, objective findings revealed pain and restricted motion of bilateral shoulder, elbow and wrist. Positive Phalen's test bilaterally. The injured worker was noted to walk with an antalgic gait favoring the left leg. Physical exam revealed tenderness, pain, and spasm in the lumbar spine. Hypoesthesia was noted at the L5 and S1 dermatomes and straight leg raising was positive on the left. The injured worker remains on modified work restriction. The treating physician prescribed services for daily swimming pool exercises x 4 weeks now under review. On November 5, 2014, the Utilization Review (UR) evaluated the prescription for daily swimming pool exercises x 4 weeks requested on October 14, 2014. Upon review of the clinical information, UR non-certified the request for aquatic therapy, noting the lack of clinical documentation to support that reduced weight bearing was desired and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Daily swimming pool exercises x 4 weeks:** Upheld

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

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

**Decision rationale:** 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. The length of treatment recommended is up to 8 sessions. In this case, there is no indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.