

<b>Case Number:</b>	CM15-0102997		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53-year-old female who sustained an industrial injury on 06/18/03. Initial complaints and diagnoses are not available. Treatments to date include medications, bilateral shoulder and bilateral carpal tunnel release surgery. Current complaints include persistent widespread pain and fatigue. Current diagnoses include chronic widespread pain syndrome, hypertension, depression and sleep disturbance. In a progress note dated 02/19/15 the treating provider reports the plan of care as pool therapy, as well as medicates including Azor, Topamax, Robaxin, Restoril, Butrans patches, and Prozac. The requested treatments include pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 2 x 6 (12 sessions) for chronic widespread pain syndrome: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg, Aquatic therapy.

**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 not an indication of inability to perform land-based exercises. The 12 sessions requested exceed the amount suggested by the guidelines. In addition, the claimant had completed therapy and an unknown amount of prior aqua therapy. There was no indication that land based therapy cannot be performed. The request additional aquatic therapy is not medically necessary.