

<b>Case Number:</b>	CM15-0108737		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old female, who sustained an industrial injury on 5/11/10. She has reported initial complaints of back, neck, chest pain with numbness in the hands and feet. The diagnoses have included cervical strain with discopathy and stenosis and cervical radiculopathy, lumbar strain with discopathy and bilateral lumbosacral radiculopathy, left shoulder strain and bilateral carpal tunnel syndrome rule out double crush syndrome. Treatment to date has included medications, activity modifications, and diagnostics, off work, aquatic therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker complains of pain in the low back that radiates to the bilateral legs and feet. She reports that she walks daily and attends aquatic therapy with temporary relief of symptoms. The objective findings reveal that she ambulates with a cane held in the right hand. The lumbar spine exam shows tenderness to palpation with related spastic activity. There is restricted lumbar range of motion noted. The current medications included Naproxen, Tramadol and Omeprazole. The physician noted that the injured worker has been attending aquatic therapy 2 times a week for 4 weeks with some benefit to her condition. There are no previous aquatic therapy sessions noted in the records and there are no previous diagnostic reports noted in the records. The physician requested treatment included Pool therapy 2 times a week for 4 weeks (8 visits).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy 2 x 4 (8 visits):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in May 2010 and continues to be treated for radiating low back pain. She uses a cane. Treatments have included aquatic therapy since at least November 2014 with temporary benefit. When seen, she was having moderate pain. There was lumbar tenderness with decreased range of motion. In this case, the number of visits requested is in excess of what would be needed to establish an independent pool exercise program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.