

<b>Case Number:</b>	CM15-0034844		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: North Carolina

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 55-year-old male with an industrial injury dated March 30, 2010. The injured worker diagnoses include left ankle injury, left ankle sprain/strain, post-traumatic neuralgia, probable complex regional pain syndrome - type 1 of the left leg/left foot and ankle. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/16/2014, the injured worker reported constant pain, numbness and weakness of left leg. Objective findings revealed hyper-pigmentation on the lateral side of the left foot and ankle areas. The treating physician also noted abnormal sensation upon touch in the left leg, mostly on the left foot and left ankle area and decrease dorsiflexion. The treating physician prescribed services for daily swimming pool exercises, three times weekly for six weeks. Utilization Review determination on February 10, 2015 denied the request for daily swimming pool exercises, three times weekly for six weeks, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Daily swimming pool exercises, three times weekly for six weeks:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy. 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. (Tomas-Carus, 2007) The patient does not meet criteria as outlined above for aquatic therapy. Therefore the request is not certified.