

<b>Case Number:</b>	CM15-0035063		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/30/2015
<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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female, who sustained an industrial injury on 2/2/2001. The details of the initial injury and complete list of prior treatments were not submitted for this review. The diagnoses have included severe post traumatic fibromyalgia, post lumbar laminectomy syndrome, radiculopathy, right knee internal derangement, right lower extremity complex regional pain syndrome and narcotic dependency. She is status post anterior posterior fusion, status post re-exploration of fusion and removal of hardware, status post arthroscopic knee surgery x 2. Currently, the Injured Worker complains of continuation of severe pain. The physical examination from 1/20/15 documented weakness and dysesthesias of the right lower extremity and hyperalgesia, limitation in lumbar spine Range of Motion (ROM), and tenderness with right foot drop. The plan of care included continued medication therapy, continued psychological care, and additional aquatic therapy sessions. The medical records indicated authorization for a spinal stimulator trial was still pending. On 1/30/2015 Utilization Review non-certified an additional eight (8) aquatic therapy sessions, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of additional eight (8) aquatic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional pool therapy x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The records indicate the patient continues to suffer severe pain in the lumbar spine. The current request is for additional pool therapy x8. The MTUS guidelines recommend aquatic therapy 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. In this case, there is no documentation which indicates the patient requires reduced weight bearing exercise or is extremely obese. The records do indicate that the patient has completed 8 pool sessions to date which helped with strength, fatigue, and overall well being. MTUS physical medicine guidelines recommend for 9-10 physical therapy sessions over 8 weeks for treatment of myalgia and myositis unspecified. The treating physician does not provide any information as to why the patient is unable to transition into a more intense home based exercise program as the guides recommend to allow for continued strength gains. The limited documentation submitted does not provide any clinical information to support the current request and there is nothing to indicate that the patient cannot continue with a home exercise program. As such, the recommendation is for denial.