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| <b>Case Number:</b>   | CM15-0055264 |                              |            |
| <b>Date Assigned:</b> | 03/30/2015   | <b>Date of Injury:</b>       | 04/22/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 33 year old male with an industrial injury dated 04/22/2014. His diagnosis includes rule out thoracic disc protrusion, lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis and left ankle sprain/strain. Prior treatment includes injections to ankle, aquatic therapy and diagnostics. He presents on 02/19/2015 with complaints of upper/mid back pain, low back pain and left ankle pain. Physical exam revealed decreased and painful range of motion and tenderness of the lumbar and thoracic spine. There was tenderness to palpation of the left ankle. The provider notes aquatic therapy helped increase strength in the left ankle and requested pool therapy 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool therapy, three times weekly for four 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.

**Decision rationale:** Guidelines indicate that aquatic therapy may be recommended as an alternative to land based physical therapy and that the necessity of aquatic therapy is dependent upon the need for reduced gravity. In this case, clinical documentation fails to specify physical examination findings that demonstrate the need for reduced gravity. The request for aquatic therapy 3x/week for 4 weeks is not medically appropriate and necessary.