

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 55-year-old woman. Her underlying date of injury is 12/01/2006. Her treating diagnoses include a chronic pain syndrome as well as tenosynovitis of the hand and wrist, myalgia, lumbosacral disc displacement with radiculitis, and insomnia.

Initial physician review recommended non-certification of a gym membership with pool given that there was no documentation to support intolerance of land-based exercise nor documentation that a gym program would be administered by health professionals.

IMR DECISION(S) AND RATIONALE(S)

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

1. Pool therapy for three months at facility of IW's choice quantity 3.00 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Aquatic Therapy, page 22, which is part of the MTUS

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on aquatic therapy, page 22, state, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The medical records do not provide a rationale as to why this patient requires aquatic rather than land-based therapy. As noted in the prior physician review, the guidelines anticipate that this patient would have previously transitioned to an independent active land-based physical therapy program. The records do not provide alternative rationale as

to why instead aquatic therapy or gym membership would be indicated. Therefore, the request is not medically necessary.

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[REDACTED]

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