

Case Number:	CM13-0017232		
Date Assigned:	10/11/2013	Date of Injury:	06/15/1999
Decision Date:	01/07/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/27/2013

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 pain management, has a subspecialty in disability evaluation, 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.

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 patient is a has filed a claim for chronic pain syndrome/reflex sympathetic dystrophy of the upper limb, chronic low back pain, chronic mid back pain reportedly associated with an industrial injury of 06/15/1999. The patient reported a history of weight loss, and has been treated with multiple analgesic medications, adjuvant medications, the apparent imposition of permanent work restriction; requesting aquatic therapy for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for aqua therapy services: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Therapy Page(s): 22.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is 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. According the medical records provided for review, this patient has a BMI (body mass index) of 24.1, which is within

normal limits, there is no documentation of his functional status except that he is permanently disabled. The request for a gym membership for aquatic therapy is not medically necessary.