

Case Number:	CM13-0046623		
Date Assigned:	12/27/2013	Date of Injury:	02/27/2008
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This patient is a 52-year-old male with date of injury of February 27, 2008. According to the physician's report of October 01, 2013, the patient presents with chronic right knee pain with examination of 110 degrees of flexion, no signs of infection or deep vein thrombosis (DVT), radiographs showing well-positioned total knee replacement without any complications. Diagnosis was status post total knee replacement, doing relatively well. There is a prescription dated October 08, 2013 for an above-ground pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABOVE GROUND POOL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

Decision rationale: The California MTUS and ACOEM guidelines are silent regarding this request. However, the Official Disability Guidelines discussion for durable medical equipments

can be used. It defines durable equipment as an equipment that is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. In this case, a pool is not primarily and customarily used to serve a medical purpose and is something that is typically useful in anyone requiring exercises or leisure activities even in the absence of illness or injury. There is no support for pool as a medical treatment. Furthermore, discussions regarding exercise in MTUS guidelines do not specify specific types of exercises required for different diagnoses. Therefore recommendation is for non-certification.