

<b>Case Number:</b>	CM13-0049002		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/28/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Occupational Medicine 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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 28, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and extensive periods of time off of work. In a later progress note of May 15, 2014, the applicant was described as exhibiting a gait which was within normal limits. The applicant was moving adequately and safely, it was stated, albeit stiffly and slowly. The applicant was deemed a non-operative candidate. It was stated that the applicant had been off of work for over a year. The applicant's primary treating provider, letter dated November 1, 2013, stated that the nearest pool was over an hour away from the applicant and then that it will be difficult for the applicant to tolerate a one-hour drive each way to a physical therapy facility which would afford her access to a pool. For that reason, the attending provider stated that he was requesting that the claims administrator pay for a therapy pool so as to afford the applicant with the ability to exercise at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPY POOL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** The request in question is a request for the claims administrator to provide the applicant with a pool for the applicant to use at home. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to maintain and adhere to exercise regimens. Thus, the proposed 'therapy pool' being sought by the attending provider has been deemed, per ACOEM, an article of applicant responsibility as opposed to a matter of payer responsibility. It is further noted that contrary to what was suggested by the requesting provider, that the applicant is in fact independently ambulatory, is able to walk without a cane, crutch, walker, or other assistive device, and should, consequently, be able to perform land-based therapy and/or land-based exercises. Therefore, the request for a therapy pool is not medically necessary.

**HOME THERAPY POOL QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** The request represents a request for the claims administrator to furnish the applicant with a therapy pool to use at home. However, as noted in the California MTUS ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. Thus, the home therapy pool being sought by the attending provider has been deemed, per ACOEM, an article of applicant responsibility as opposed to an article of medical necessity. Therefore, the request for a home therapy pool is not medically necessary.