

Case Number:	CM14-0001684		
Date Assigned:	01/22/2014	Date of Injury:	01/03/2001
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/06/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 68 year old female who reported an injury on 01/03/2001. The mechanism of injury was not provided. Per the 11/20/2013 clinical note, the injured worker reported back pain rated at 5/10 with radiating leg pains bilaterally. Physical exam findings included moderately restricted lumbar spine range of motion, paralumbar soft tissue tenderness, and negative straight leg raising. The injured worker demonstrated a depressed knee jerk on the right and ankle jerk on the left with reduced sensation in the second toe of the left foot. The provider's assessment included chronic back pain, lumbar degenerative disk disease, nerve root irritation at L5 or S1, and radicular symptoms in both legs. Treatment to date included physical therapy and Norco. The provider recommended a course of pool therapy to gain core strength and improve activities of daily living. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) POOL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Low Back Complaints.

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

Decision rationale: The request for three pool therapy visits is not medically necessary. The CA MTUS guidelines recommend aquatic therapy 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 desired, for example extreme obesity. The provider noted the injured worker has too much pain to exercise normally. The medical records provided indicate that physical therapy had been beneficial to the injured worker in the past and allowed her to reduce pain medication use. There is no evidence the injured worker requires reduced weight bearing exercises. The medical necessity for pool therapy was not established. As such, the request is not medically necessary.

THREE (3) MONTHS OF POOL MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER: LOW BACK - LUMBAR & THORACIC, Gym Memberships.

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

Decision rationale: The request for three months of pool membership is not medically necessary. The CA MTUS guidelines recommend aquatic therapy 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 desired, for example extreme obesity. The provider noted the injured worker has too much pain to exercise normally. The medical records provided indicate that physical therapy had been beneficial to the injured worker in the past and allowed her to reduce pain medication use. There is no evidence the injured worker requires reduced weight bearing exercises. The medical necessity for pool therapy was not established; therefore, a pool membership is not necessary. As such, the request is not medically necessary.