

Case Number:	CM14-0005818		
Date Assigned:	02/05/2014	Date of Injury:	06/19/2005
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Sports 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 injured worker is a 40-year-old who reported an injury of unknown mechanism on June 19, 2013. The clinical note dated December 20, 2013 documented the injured worker stated he had no acute changes to his pain condition. The clinical note mainly addressed the injured workers addiction to methadone. The physical examination documented the injured worker as having a grossly normal gait and non-antalgic. The prescribed medications listed were trazodone 50mg #90, Ibuprofen 600mg, and tramadol hcl 50mg. The diagnoses were syndrome post laminectomy, sciatica and disorders sacrum. The treatment plan included the recommendation for three day detox program and 28 day rehabilitation and request for gym membership and pool access request. In the clinical note dated September 20, 2013, it was documented that the injured worker had completed six sessions of aquatic therapy with good results. It was documented that the injured worker was able to tolerate the exercises in the pool much better than the land exercises. Therefore, a request for a pool membership was made since the injured worker was noted as not having access to a pool. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR POOL MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, AQUATIC THERAPY, 22

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , AQUATIC THERAPY, 22

Decision rationale: The request for one year pool membership is non-certified. The Chronic Pain Medical Treatment Guidelines state that 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. The clinical note did not address the issue any weight bearing issues or any obesity. The clinical note mostly addressed the injured worker's issue with methadone addiction and it was documented that the injured worker had already completed six sessions of aquatic therapy. The request for a one year pool membership is not medically necessary or appropriate.