

Case Number:	CM14-0150822		
Date Assigned:	09/19/2014	Date of Injury:	10/25/2001
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/16/2014

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 Illinois. 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 48-year-old female with a reported date of injury on 10/25/2001. The mechanism of injury was a fall. The injured worker's diagnoses included lumbar sprain/strain, bilateral knee pain, and right carpal tunnel syndrome. The injured worker's past treatments included pain medication, TENS unit, and physical therapy. There was no relevant diagnostic imaging testing provided for review. The injured worker's surgical history included right knee arthroscopy in 2001 and left knee in arthroscopy 2001. The subjective complaints on 08/11/2014 included occasional pain and spasms to her lower back. The notes also indicate that she complains of slight neck pain, left shoulder pain, right elbow pain, and right wrist pain. The objective physical exam findings of the cervical spine noted normal range of motion. The lumbar spine examination noted paraspinal muscle tenderness and spasms bilaterally, greater in the right than the left; sacroiliac joint tenderness in the right and mid sciatic notch tenderness more on the right than the left. Straight leg raise test was negative bilaterally. The injured worker's medications included Lyrica 75 mg, Avinza 75 mg, Norco 10/325, Zanaflex 4 mg, and Prilosec 40 mg. The treatment plan was to continue and refill medications and request authorization for heated pool. A request was received for heated pool access 3 times a week for 12 months. The rationale was to increase strength and decrease pain. The request for authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heated pool access 3 x/week for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 07/03/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Gym memberships.

Decision rationale: The request for heated pool access 3 x/week for 12 months is not medically necessary. The Official Disability Guidelines state that gym memberships, health clubs, swimming pools, and athletic clubs are not recommended unless documentation shows that a formal home exercise program with a periodic assessment and revision has not been effective and there is a need for equipment. The guidelines also specify that while exercise is encouraged, treatment needs to be monitored and administered by medical professionals as unsupervised programs may lead to risk of further injury. The patient has chronic pain. There is a lack of documentation regarding a formal home exercise program that is monitored and administered by a medical professional. In the absence of this information the request is not supported by the guidelines. As such, the request is not medically necessary.