

Case Number:	CM14-0158743		
Date Assigned:	10/02/2014	Date of Injury:	10/25/2001
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/27/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 48-year-old female with a 10/21/01 date of injury. At the time (9/12/14) of request for authorization for Heated Pool Access 3 Times a Week for 12 Months, there is documentation of subjective (low back spasms; knee pain; and right hand pain with weakness, numbness, and tingling) and objective (tenderness over cervical paraspinal, sacroiliac joint, and bilateral knees) findings, current diagnoses (lumbar strain/sprain, bilateral knee strain/sprain, right carpal tunnel syndrome, and ankylosing spondylosis), and treatment to date (acupuncture treatment, TENS unit, and medications). Medical report identifies that patient has difficulty in performing home exercises and cannot tolerate land-based programs and therefore the access to heated pool for self-directed program should be maintained. In addition, medical reports identify that the provider is asking for access to a gym with pool or pool facility; and not for land or aquatic therapy. There, is no documentation that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heated Pool Access 3 Times a Week for 12 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of lumbar strain/sprain, bilateral knee strain/sprain, right carpal tunnel syndrome, and ankylosing spondylosis. In addition, given documentation that the patient has difficulty in performing home exercises and cannot tolerate land-based programs, there is documentation that a home exercise program with periodic assessment and revision has not been effective. However, given documentation of a request for the access to heated pool for self-directed program, there is no documentation that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for Heated Pool Access 3 Times a Week for 12 Months is not medically necessary.