MAXIMUS Federal Services

Case Number:	CM14-0064640		
Date Assigned:	07/14/2014	Date of Injury:	12/03/2010
Decision Date:	09/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/07/2014

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 Pain Medicine, and is licensed to practice in California and Virginia. 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 patient is a 56-year-old who sustained an industrial injury on December 3, 2010.According to the March 28, 2014 progress report, the patient has a painful condition about the right shoulder, right knee, left knee, right ankle, and right foot. On physical examination, right shoulder ROM (range of motion) is 160 degrees flexion, 90 degrees abduction, 60 degrees internal and external rotation. Pain is produced with motion and Neer and Hawkins' are positive. Right and left knee motion is 0-120 degrees, and crepitus, pain and moderate effusion are noted. Right ankle has tenderness about the lateral ligaments. Diagnoses are adhesive capsulitis, right shoulder with rotator cuff tear; medial meniscus tear, bilateral knees with OA; and ligamentous strain, right ankle. Treatment plan includes request "patient requires a pool and spa at home for therapeutic exercises."

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and Spa quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 chronic pain medical treatment guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME); Low Back; Gym Memberships.

Decision rationale: The request for pool and spa for the patient's home does not meet the guidelines criteria for DME, as this equipment is not primarily and customarily used to serve medical purpose, is not normally rented, and generally is used for persons absent of injury or illness. The request for pool and spa is without merit. The patient is more than 3 years postdate of injury. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require a home pool and spa. At this juncture, the patient should be versed in an independent home exercise program, which does not medically necessitate a home spa and pool to perform effectively. Therefore, the request for one pool and spa is not medically necessary or appropriate.