

Case Number:	CM14-0192382		
Date Assigned:	11/26/2014	Date of Injury:	01/19/2012
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Pennsylvania. 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:

This worker fell off a roof on 01/19/2012 resulting in L2 burst fracture and an L2 Asia D spinal cord injury with secondary neurogenic bowel and bladder, chronic right S1 radiculopathy and right ischial gluteal bursitis. She had T12-L4 fusion on 1/23/12. She has had physical therapy, injections and a functional restoration program. Her medications include Percocet, gabapentin, Pamelor, Flector patch, Lidoderm patch, Vitamin D, Vesicare, and suppository or enema. According to a permanent and stationary report on 11/27/2013 she complains of mid and lower back, right buttock, hamstring and foot pain with persistent numbness in her right heel. She is able to heel and toe walk without difficulty. She can balance on each leg and perform a single partial squat. She has 5/5 strength in her bilateral upper and lower extremities. She has decreased light touch sensation over her right heel. She struggles with fatigue and pain when trying to accomplish ADL's. She is able to walk on a frequent basis, but this is on level surfaces. She has difficulty with elevations, stairs, and long distances. Annual membership to a community pool for her exercise program is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renewal one year membership to [REDACTED] pool: Upheld

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

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The MTUS does not specifically address aquatic therapy with spinal cord injury but does state that water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, there is no indication that reduced weight bearing is desirable. There is no indication that any component of her exercise program would require a pool. There is also no discussion of any benefit she has been receiving from pool membership and exercise. There is no reason to expect this worker to achieve benefits from an exercise program in a pool that could not just as well or be better obtained and maintained from a land based program. The request is not medically necessary.