

Case Number:	CM14-0200016		
Date Assigned:	12/10/2014	Date of Injury:	02/02/2001
Decision Date:	01/26/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Practice and is licensed to practice in New Jersey. 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 43 year-old female who was injured on 2/2/01 by undocumented mechanism. She complains of lumbar pain, neck pain, right lower extremity weakness and dysesthesias. A 9/2014 MRI of the lumbar spine showed status post L5-S1 discectomy with evidence of bilateral laminectomy, loss of intervertebral disc height and disc desiccative changes at L2-3, straightening of the normal lordosis and at L5-S1 no recurrent disc protrusion. On 10/28/14, she complained of fibromyalgia symptoms. She had decreased range of motion of lumbar spine and partial right footdrop. She was diagnosed with severe posttraumatic fibromyalgia and post lumbar laminotomy pain syndrome, right knee internal derangement with tear of medial cartilage or meniscus of the knee, right lower extremity complex regional pain syndrome. She had a laminectomy and fusion, removal of hardware, and further decompression of the spondylitic element of the lumbar spine. Her medication consists of Gabapentin Tramadol, Tizanidine, and Lorazepam. She was authorized for spinal cord stimulation but did not have transportation for the procedure. She required pool therapy for treatment of chronic pain syndrome. The current request is for a home endless pool because she was unable to drive due to her pain syndrome and needed to exercise in warm water to treat her end-stage fibromyalgia. She depends on her sister for help with household chores, cooking, cleaning, and grocery stopping. She was denied authorization for medical transportation. Therefore, a home endless pool was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home endless pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar and Thoracic (Acute and Chronic) Chapter, Gym membership

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) Pain, Aquatic therapy, Knee-exercise equipment.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. It can improve 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". As per ODG, unsupervised pool use is not aquatic therapy. Because a home pool will not be supervised, it cannot be aquatic therapy. Exercise equipment is also considered not primarily medical in nature. Therefore, the request is considered not medically necessary.