

<b>Case Number:</b>	CM14-0208379		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/15/1974
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 15, 1974. In a Utilization Review Report dated December 8, 2014, the claims administrator denied a request for a hydro spa for therapeutic aqua treatment. Non-MTUS ODG Knee Chapter Durable Medical Equipment Guidelines were invoked. The claims administrator referenced an RFA form received on November 20, 2014 in its determination. The applicant's attorney subsequently appealed. On May 9, 2014, the applicant reported persistent complaints of knee pain, 8/10. The applicant was living alone. The applicant was apparently using an electric car to move around. The applicant had received multiple total knee arthroplasty procedures. The applicant was on OxyContin, Lyrica, and Ambien. The applicant exhibited a visibly antalgic gait but was not using an assistive device in the clinic. The attending provider endorsed heat and cold packs and renewed several opioid agents. On September 20, 2014, it was suggested that the applicant would need a right knee total knee prosthesis revision at some point in time. On November 20, 2014, the applicant reported persistent complaints of knee pain. The applicant's left knee was doing well while the applicant's right knee was still troubling him. The attending provider suggested that the applicant should receive a spa for home use purposes to help him long term. The applicant was asked to continue rehabilitation in the interim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydro-spa for therapeutic aqua treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic; Exercise topic; Aquatic Therapy topic Page(s): 98; 46-47; 22.

**Decision rationale:** It is not clear precisely what this request represents. It appears that the request represents a request to have the applicant furnished with a home spa and/or home pool for him to perform exercises in. However, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that applicants are expected to continue active therapies at home as an extension of the treatment process. By implication, thus, the hydro spa at issue is, per the MTUS Chronic Pain Medical Treatment Guidelines, an article of applicant responsibility as opposed to an article of payer reasonability. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it is not clear that reduced weight bearing is, in fact, desirable. The applicant's gait was not described on the November 20, 2014 office visit on which the hydro spa at issue was sought. An earlier progress note likewise suggested that the applicant was able to walk without an assistive device despite issues with knee pain. Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines also note that there is no recommendation for or against any one form of exercise over another. By implication, thus, there is no recommendation for this hydro spa device in favor of other means of home exercises. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48 notes that it is incumbent upon a prescribing provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, the request for hydro spa did not clearly state treatment goals. It was not clearly stated whether this represented a request for delivery of home pool/home spa or whether the request represented a request for gym membership or whether the request represented a request for continued physical therapy using the aquatic therapy modality. Therefore, the request is not medically necessary.