

Case Number:	CM14-0039148		
Date Assigned:	06/27/2014	Date of Injury:	11/01/2011
Decision Date:	04/14/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old, male patient, who sustained an industrial injury on 11/01/2011. A primary treating office visit dated 02/27/2014, reported a chief complaint of multiple body parts with complaint. Subjective findings showed the patient's biggest concern is the left arm and leg numbness. Objective assessment found the bilateral shoulder with negative acute results. His lumbar spine showed the patient could not flex forward more than about 15 degrees, extension about 10 degrees and he cannot heel toe walk. There is pain going into his left buttocks area and down to the left knee. The following diagnoses are applied; right shoulder partial rotator cuff tear, left shoulder rotator cuff repair, lumbago, left leg sciatica and post traumatic stress disorder. The plan of care deemed the patient permanent & stationary and recommending personal training moving forward with conditioning aquatic program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Self-Directed Aquatic Therapy Program, for the Lumbar Spine, as an Outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM:

[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding request for 1 Year Self-Directed Aquatic Therapy Program, for the Lumbar Spine, as an Outpatient, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of the aquatic equipment, or that the physician is overseeing the exercise program. In the absence of such documentation, the currently requested 1 Year Self-Directed Aquatic Therapy Program, for the Lumbar Spine, as an Outpatient is not medically necessary.