

Case Number:	CM15-0145470		
Date Assigned:	08/06/2015	Date of Injury:	04/27/2001
Decision Date:	09/08/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old who has filed a claim for chronic low back, wrist, and shoulder pain with derivative complaints of psychological stress reportedly associated with an industrial injury of October 13, 2001. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for "pool pass" for aqua therapy x 3 months. The claims administrator referenced a June 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated July 28, 2015, the attending provider sought authorization for a three-month pool membership, back support, topical capsaicin, and oral morphine. The attending provider contended that the applicant had worsening pain complaints, sometimes so severe that they were impacting her sleep. The attending provider contended that the applicant needed access to a pool, as she did not have access to the same at work. The appeal letter was difficult to follow and did not clearly characterize the applicant's gait. On July 30, 2015, the applicant reported ongoing complaints of low back pain. The applicant was described as obese and anxious. The applicant exhibited an antalgic gait. This was not elaborated upon. It did not appear that the applicant was using a cane, crutch, or a walker. The applicant's height, weight, and BMI were not reported. Butrans, Lidoderm, capsaicin, and permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. On June 29, 2015, the attending provider again stated that the applicant was obese but once again, did not measure the applicant's height, weight, or BMI. The applicant was again described as exhibiting an antalgic gait with normal muscle tone about the bilateral upper and bilateral lower extremities. There was no mention of the applicant's using a cane, crutch, or a walker. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool pass for aqua therapy core strengthening (months) Qty: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98; 22.

Decision rationale: No, the request for a pool pass for aqua therapy x 3 months was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, Page 83 further stipulates that to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining an exercise program. The pool pass at issue, thus, per both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines represents an article of applicant responsibility as opposed to an article of payer responsibility. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was or is, in fact, desirable. While the applicant was described as exhibiting an antalgic gait at various points in time, including on June 29, 2015, this appeared to be a function of pain. There was no mention of the applicant's using a cane, crutch, a walker, or an assistive device. The applicant exhibited normal lower extremity motor function, it was reported on June 29, 2015 and other dates. It did not appear, thus, that reduced weight bearing was necessarily desirable here. ODG's Low Back Chapter Gym Memberships Topic notes that gym memberships are not recommended as a medical prescription unless the documented home exercise program has proven ineffective and there is a need for specialized equipment. Here, again, the attending provider did not outline, establish, or set forth a clear or compelling case for provision of the aqua pass at issue. There was no evidence to the effect that the applicant had in fact failed a home exercise program. Therefore, the request is not medically necessary.