

Case Number:	CM15-0194307		
Date Assigned:	10/12/2015	Date of Injury:	07/17/2013
Decision Date:	11/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 07-17-2013. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for myofascial pain, knee pain, and iliotibial band syndrome. Treatment and diagnostics to date has included physical therapy (from 07-28-2015 to at least 08-21-2015), acupuncture, injections, and medications. Recent medications have included Celebrex, Nortriptyline, and Ultracet. After review of progress notes dated 06-08-2015 and 07-03-2015, the injured worker reported right knee and ankle pain. Objective findings included being "mildly tender" over the vastus medialis muscle with triggering of pain to anterior knee and tenderness along the medial thigh. The request for authorization dated 08-27-2015 requested independent pool program for 3 months. The Utilization Review with a decision date of 09-10-2015 modified the request for independent pool program x 3 months to one-month trial of the independent pool program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent pool program, 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines: Pain, Suffering and Restoration of Function chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar and Thoracic Chapter, Gym membership.

Decision rationale: The records indicate the patient has swelling in the left ankle and soreness in the right knee. The current request for consideration is an independent pool program - 3 months. The attending physician offers no explanation as to why the patient has a continued need for pool therapy. The ODG guidelines Lumbar & Thoracic Chapter, Gym memberships topic, state they 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." In this case, there is no discussion or documentation as to why the patient's Home Treatment Program is inadequate or why the patient has not transitioned into a land-based exercise program. According to the records the patient has a mildly swollen ankle and some mild knee tenderness. There is no discussion as to why the patient requires additional pool therapy versus transitioning into full weight bearing, land-based exercise. As such, the medical records available for review do not establish medical necessity for the request of an independent pool program - 3 months. The current request is not medically necessary.