MAXIMUS Federal Services

Case Number:	CM15-0024332		
Date Assigned:	02/13/2015	Date of Injury:	08/09/1995
Decision Date:	04/15/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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
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 51 year old female, who sustained an industrial injury on August 9, 1995. The injured worker had reported neck pain, mid and low back pain and bilateral shoulder pain. The diagnoses have included complex regional pain syndrome of the cervical spine, lumbar spine protrusions, lumbar radiculopathy, right shoulder impingement, right rotator cuff syndrome and chronic pain of the neck, shoulders, back and hips. Treatment to date has included medications, radiological studies, epidural steroid injections, spinal cord stimulator implantation and trigger point injections. Current documentation dated November 12, 2014 notes that the injured worker complained of constant neck pain with radiation to the left upper extremity with associated numbness. She also complained of constant mid and low back pain with spasms, which radiated into the bilateral lower extremities. The injured worker also reported bilateral shoulder pain, bilateral hip pain and constant bilateral wrist and hand pain. Physical examination of the cervical spine revealed trigger points in the cervical spine, trapezius muscles and levator muscles. Examination of the bilateral shoulders revealed a decreased range of motion in the right shoulder. Special orthopedic shoulder testing was positive on the right shoulder and negative on the left. Current requested treatment is for an in-ground pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

One in ground pool: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 46-47, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Gym Memberships.

Decision rationale: Regarding the request for in-ground pool, Guidelines do not contain criteria for this request. Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Regarding gym memberships, a somewhat analogous request due to the independent nature of exercise provided at a gym and in a pool, 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 an aquatic rehab program, or that the physician is overseeing the aquatic exercise program. Additionally, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. Furthermore, recreational equipment is not generally considered to be medical treatment. Guidelines do support the use of exercise, but there is no indication that the patient is unable to obtain adequate exercise in other ways which do not require special equipment. In the absence of clarity regarding those issues, the currently requested pool is not medically necessary.