

Case Number:	CM15-0038414		
Date Assigned:	03/09/2015	Date of Injury:	09/28/2006
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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
 Certification(s)/Specialty: Family Practice

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 40-year-old male, with a reported date of injury of 09/28/2006. The diagnoses include chronic pain syndrome, right flail arm, and reflex sympathetic dystrophy. Treatments have included pain medications, a transcutaneous electrical nerve stimulation (TENS) unit, compression sleeves, and therapy (type not specified). The medical report dated 01/31/2015 indicates that the injured worker reported that his condition was unchanged since the last visit, and had moderate to severe right arm pain. The pain was described as constant. The physical examination of the right upper extremity showed no tenderness of the elbow, wrist, or hand, full range of motion of the elbow, wrist, and hand, inability to lift the arm or bend the elbow due to pain, inability to move the hand against gravity due to pain, and normal tone of the hand. The treating physician requested one infinity pool. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infinity Pool: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: In this case, the request is for an infinity pool. The specific type of infinity pool is not described in this request. While the MTUS Guidelines do not comment on the use of an infinity pool, it is clear that a pool would facilitate aquatic therapy as a treatment modality for this patient's condition. The MTUS/Chronic Pain Medical Treatment Guidelines do comment on the use of aquatic therapy. These guidelines state the following: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is insufficient information in the records to provide a rationale as to why the patient is unable to engage in land-based physical therapy. There is insufficient justification as to the rationale of minimizing the effects of gravity as part of the treatment program. There is insufficient information in the records to determine what outcomes would be monitored to assess the efficacy of aquatic therapy. There is insufficient information provided to justify the need for a pool to be constructed at the patient's residence and not use a pool at a local facility. For these reasons, an infinity pool is not considered as medically necessary.