MAXIMUS Federal Services

Case Number:	CM13-0008347		
Date Assigned:	03/07/2014	Date of Injury:	12/08/2010
Decision Date:	04/17/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old female who reported an injury on 12/08/2010. The mechanism of injury was not specifically stated in the medical records. She is diagnosed with status post L4-5 and L5-S1 posterior decompression and fusion with instrumentation and degenerative disc disease at C5-6 and C6-7. At an office visit on 09/19/2013, the patient complained of low back pain and muscle spasm with radiation into the lower extremities. Her physical exam findings included discomfort with percussion of the lower lumbar segments at L4-5 and L5-S1 bilaterally, positive straight leg raise, and a positive posterior lumbar interbody fusion scar over the lumbar spine. Her treatment plan was noted to include a follow-up appointment with [redacted], a spinal surgeon, and formal pool therapy program 2 times a week for 6 weeks as it was noted that her physician felt the buoyancy factor, warm environment, and ability to perform therapy to multiple body parts in a single visit would be very helpful. He also wanted to request a gym and pool membership for 1 year so the patient could continue with the self-directed home exercise program following her formal therapy. At her follow-up visit on 10/31/2013, the patient indicated that she was still symptomatic. She did report finding pool therapy very helpful in decreasing her pain and medications and increasing her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP WITH [redacted]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, OFFICE VISITS

Decision rationale: According to the Official Disability Guidelines, office visits with medical doctors play a critical role in the diagnosis, treatment, and return to function of injured workers and should be encouraged. The need for clinical office visits is individualized based on the patient's history, signs and symptoms, clinical findings, and reasonable physician judgment. As the clinical information submitted for review indicates the patient has significant pain and a history of spinal surgery with positive findings on imaging, the request for a follow-up appointment with a spine specialist is supported. As such, the request is certified.

POOL THERAPY 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

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

Decision rationale: According to the California MTUS Guidelines, aquatic therapy may be recommended as alternative to land-based physical therapy when reduced weight-bearing is desired, for example, with extreme obesity. For the recommendations on number of visits and duration of treatment, guidelines refer to physical medicine which states therapy is recommended at 8 to 10 visits over 4 weeks in the treatment of unspecified neuralgia, neuritis, and radiculitis. The clinical information submitted for review indicated the patient reported benefit from pool therapy. However, details regarding the patient's pool therapy including the number of visits completed and objective functional gains made was not provided in the medical records. Therefore, it is unclear whether continued therapy would exceeds the guidelines recommended 8 to 10 visits or whether continued therapy is appropriate based on objective functional gains. Additionally, despite the treating physician indicating that the buoyancy of the water, warm environment, and ability to perform therapy on multiple body parts would be effective for the patient. There is no documentation of a specific need for reduced weight-bearing exercise to warrant aquatic therapy. Further, the patient's most recent physical exam findings failed to provide evidence of measurable objective functional deficits to warrant physical therapy treatment. For these reasons, the requested service is non-certified.

GYM AND POOL MEMBERSHIP FOR 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, GYM MEMBERSHIPS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, GYM MEMBERSHIPS

Decision rationale: According to Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless documentation reveals that a home exercise program with periodic assessment of function and/or vision has not been effective and there is need for equipment. Guidelines further state as treatment needs to be monitored and administered by medical professionals, individual exercise programs including more elaborate personal care when outcomes are not provided by a health professional, such as gym memberships, may not be covered due to the risk of further injury to the patient. Therefore, gym memberships, health clubs, swimming pools, and athletic clubs would not be considered medical treatment. The clinical information provided indicated the physician wanted the patient to have a 1 year membership to a gym and a pool in order to complete home exercises. However, these services are not recommended as medical treatment according to Official Disability Guidelines. Therefore, the request is non-certified.