

Case Number:	CM13-0013405		
Date Assigned:	11/06/2013	Date of Injury:	01/12/2004
Decision Date:	01/24/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 reports a date of injury on 1/12/04 to the low back, neck, right knee and right shoulder. The patient has a diagnosis of chronic pain syndrome. PTP note on 7/2/13 reveals patient has chronic neck, back, right shoulder and bilateral knee pain from 2 Workers' Comp incidents dating back to 1997. Patient is on chronic pain management and has been doing water exercises and weight training in a pool. He had PT but now is doing exercises on his own. He has increased right shoulder pain with raising shoulder. The pain radiates down to the elbow. He has had cortisone injection as well as PT. He had previously treated with chiropractic, massage and pool therapy. The request is for Pool therapy 3xweek for 1-1.5 hrs and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for pool therapy 3 x per week for 1-1.5 hours: Upheld

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

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

Decision rationale: The guides' state that the number of visits uses the same guide as physical medicine. In the physical medicine section, it allows for treatment 3 times a week with fading to 1 session a week to home exercise. This request does not identify the duration of aquatic treatment. The patient has already been doing unsupervised treatment. As this request is unclear as to the level of supervision and the duration of treatment (it appears indefinite) it does not follow current guidelines and is therefore not necessary.

The request for gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym membership

Decision rationale: This service is not medically necessary. CA MTUS does not address gym memberships specifically. In the physical medicine section. Although it states that active exercises are effective, they should be supervised. Gym memberships do not allow for proper medical supervision and do not follow this guideline. In addition, (although MTUS is the standard guideline in CA) ODG for knee and back were used. These guidelines do not recommend gym memberships based on the fact that there is no medical supervision and there is no specified exercise routine. The provider did not give a plan of treatment including progress monitoring. Without this information and according to standard guidelines, this treatment is not medically necessary.