MAXIMUS Federal Services

Case Number:	CM13-0017671		
Date Assigned:	10/11/2013	Date of Injury:	08/31/2012
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 08/31/2012. The primary diagnosis is 722.0 or lumbar intervertebral disc displacement. An initial review in this case notes that this patient is a 49-year-old man with lumbar degenerative disc disease. That review notes that the patient finished physical therapy and a gym and pool membership were recommended for self-exercise. That review notes that there was no documentation of a failed home exercise program where specific needs to support the necessity of a gym membership. As of 07/30/2013, the treating physician noted that the patient had completed physical therapy and that a gym and pool membership was recommended to continue a self-exercise program. Multiple physical therapy notes outline training in active exercise. Moreover, the treatment plan which was documented initially 03/06/2013 included the goal to independence and a home exercise program and an aquatic therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym and Pool Membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines Low Back- Lumbar & Thoracic (Acute & Chronic.)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state, "There is not sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." The same guideline recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The MTUS Guidelines, therefore, encourage an active independent home rehabilitation program. Neither the MTUS Guidelines nor the medical records in this case document a rationale as to why this patient would specifically require a gym or pool membership. The medical records do not provide a rationale as to why the patient requires that particular type of exercise as opposed to a conventional home exercise program. Therefore, this request for a gym and pool membership is not medically necessary and appropriate.