

Case Number:	CM13-0020597		
Date Assigned:	11/08/2013	Date of Injury:	09/27/2005
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/05/2013

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 and 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 patient is a 66-year-old female who sustained an occupational injury on 01/01/2013. The patient's diagnoses include chronic lumbar pain, chronic cervicgia, and predominant left lower extremity radicular pain. In addition, the patient is status post knee joint surgery on 01/10/2012. The clinical documentation provided for review from 08/14/2013 documents tenderness and restricted left elbow, lumbar, left knee, and left hip regions movements with myofascial strain. The patient's current medications include fentanyl patches, Percocet, Celebrex, Lunesta, as well as other conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy membership: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: The CA MTUS recommends aquatic therapy 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. While the CA MTUS/ACOEM is silent on the issue of gym memberships, the ODG indicate that unsupervised use of such therapy in the form of a gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. While the documentation submitted for review does indicate that the patient has had previous aquatic therapy with positive patient results, the patient's current weight of 185 does not indicate the need for aquatic therapy versus land based therapy secondary to obesity. Furthermore, there is no documentation of exceptional factors for the patient to utilize aquatic therapy versus land based therapy. In addition, the request as written indicates that the physician is requesting not only aquatic therapy, but an aquatic therapy membership, which indicates membership to a gym that offers aquatic therapy. Given the above, this request cannot be supported and is therefore non-certified.