

Case Number:	CM13-0021142		
Date Assigned:	11/08/2013	Date of Injury:	06/25/2010
Decision Date:	02/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/06/2013

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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury that took place on June 25, 2013. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, lumbar fusion surgery, a lumbar corset, and extensive periods of time off of work on total temporary disability. In an August 22, 2013 note, the attending provider seeks authorization for a gym membership for the purpose of obtaining daily aquatic independent therapy status post L4-L5 decompressive surgery. The applicant is still having low back pain issues. A May 9, 2013 note notes that the applicant is doing quite well, and will require further strengthening and/or stretching exercises. It also states that six visits with a physical therapist and/or personal trainer are recommended to implement a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

gym membership with daily aquatic independent therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, remaining and staying active are considered matters of applicant responsibility. Similarly, adhering to exercise and medications regimens are also considered matters of applicant responsibility. Thus the requested gym membership would fall within the bounds of applicant responsibility. Furthermore, the MTUS Chronic Pain Medical Treatment Guidelines suggest that aquatic therapy be recommended as an optional form of exercise therapy in those applicants who are unable to participate in land-based therapy and/or land-based exercises, as, for example, in the case of individuals with extreme obesity. In this case, the applicant's weight and BMI were not documented along with the request for authorization. It was not clearly stated why the applicant cannot perform independent land-based exercises and/or why aquatic exercises are specifically needed or indicated here. For all of these reasons, the request is non-certified.