

Case Number:	CM13-0028226		
Date Assigned:	11/22/2013	Date of Injury:	07/23/2002
Decision Date:	02/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 Oklahoma and 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 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 75-year-old female who reported a work-related injury on 07/23/2002. The patient was noted to have continued complaints of neck and back pain. It was indicated that the patient required a YMCA membership with access to a pool, so that the patient could continue on an independent exercise program. It was also indicated that the patient was unable to tolerate persistent, weight-bearing exercise due to bilateral knee arthritis. The patient's diagnoses were noted to include bilateral knee medial compartmental arthropathy and discogenic low back pain. The request was made for a course of physical therapy, including deep myofascial release, and a 1 year gym membership with access to a pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-year gym membership with access to a pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 Chapter, Gym Membership.

Decision rationale: While it was noted that the patient required swimming pool exercise due to bilateral knee arthritis, the Official Disability Guidelines do not recommend gym memberships or memberships to swimming pools, as they are not considered medical treatment and therefore are not covered under the Official Disability Guidelines. There was a lack of documentation of exceptional factors to support non-adherence to guideline recommendations. Given the above, the request for a 1 year gym membership with access to a pool is not medically necessary.

Additional Physical Therapy (PT), 2x6, for the cervical and lumbar spine, with deep myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Massage Therapy Page(s): 98-99, 60.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment. It is directed at controlling symptoms such as pain, inflammation and swelling, as well as improving the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The California MTUS Guidelines additionally indicate that massage therapy should be limited to 4 to 6 visits. The clinical documentation submitted for review indicated that the patient was seeking additional physical therapy 2 times 6. There was a lack of documentation indicating the necessity for the requested therapy. Additionally, there was a lack of documentation indicating the patient's previous objective functional response to physical therapy and the number of sessions that were attended. With a date of injury in 2002, the patient should be well-versed by this time in a home exercise program. Given the above, the request for additional PT 2 times 6 for the cervical and lumbar spine with deep myofascial release is not medically necessary.