

Case Number:	CM13-0035305		
Date Assigned:	01/10/2014	Date of Injury:	02/28/2007
Decision Date:	06/06/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 expert 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 injured worker is a 51 year old male who reported a lifting injury to his lower back on 02/28/2007. Within the clinical note dated 08/19/2013 the injured worker reported lower back pain with radiculopathy in the lower extremities. The physical exam reported decreased sensation of the left L5 dermatome. The diagnoses include pain in limb, cervical radiculopathy, and lumbosacral radiculopathy. The request for authorization was dated 09/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS TO CERVICAL SPINE AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The CA MTUS guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured

worker's physical exam neglected to ascertain enough of a functional deficit to necessitate physical therapy. In addition, there is a lack of documentation of the previous physical therapy outcome. Therefore the request for Physiotherapy is not medically necessary.

GYM MEMBERSHIP: Upheld

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

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, Gym Membership.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. In addition, there is a lack of evidence that provides the rationale for the request and which equipment at a gym that would be utilized that could not be provided at home. Moreover, within the clinical notes there was a lack of documentation monitoring the injured worker's functional status and a plan for follow-up to assess for efficacy of the exercises. The request for Gym Membership is not medically necessary.