MAXIMUS Federal Services

Case Number:	CM13-0035860		
Date Assigned:	07/16/2014	Date of Injury:	11/13/1984
Decision Date:	08/19/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation and Sports Medicine, and is licensed to practice in New York 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 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 74-year-old male with a reported date of injury on 11/13/1984. The mechanism of injury was not submitted within the medical records. The diagnoses were noted to include lumbar region sprain, spinal stenosis, and sciatica. His previous treatments were noted to include trigger point injections, physical therapy and manipulative care. The progress note dated 09/05/2013 revealed that the injured worker complained of axial lumbar pain with a variable, generally right more than left leg, radicular component. The pain was constant and had generally improved with physical therapy and walking and was aggravated by prolonged sitting. His pain syndrome was 60% to the back and 40% to the legs. The physical examination revealed that his back was without remarkable deformity, tenderness or spasm. The neurological examination implicated some right L4, L5 and S1 greater than L4 hypoesthesia. There was no clear-cut motor deficit, and reflexes were hyporeflexic but symmetric. The request for authorization forum dated 09/10/2013 was for a gym membership for 3 to 6 months; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership 3-6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Gym Membership.

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 memberships.

Decision rationale: The request for a gym membership for 3 to 6 months is not medically necessary. The injured worker has severe episodes of spasms every 8 to 12 months. 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. In addition, treatment needs to be monitored and administered by medical professionals. While an exercise program is, of course, recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise program, may not be covered under this guideline although temporary transitional exercise programs may be appropriate for injured workers who need more supervision. With unsupervised programs, there is no information flow back to the provider so that he or she can make changes in the prescription, and there may be a risk of further injury to the injured worker. Gym memberships, health clubs, swimming pools and athletic clubs would not generally be considered medical treatment and are therefore not covered under these guidelines. Gym memberships are not considered medical treatment and are not covered by these guidelines. Additionally, there is no medical supervision at a gym to provide information flow back to the provider. Therefore, the request is not medically necessary.

Aquatic Therapy 2x4 to Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22, Physical Medicine, page 99 Page(s): 22, 99.

Decision rationale: The request for Aquatic therapy 2x4 to the lumbar spine is not medically necessary. The injured worker has received a couple months of rehab physical therapy. The California Chronic Medical Treatment guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend for myalgia and myositis 9-10 visits over 8 weeks. There is not enough documentation with current measurable functional deficits and quantifiable objective functional improvements with previous physical therapy visits. There is not enough documentation regarding number of previous physical therapy visits completed. There is not a need for reduced weight-bearing exercises to warrant aquatic therapy. Therefore, the request is not medically necessary.