MAXIMUS Federal Services

Case Number:	CM13-0037779		
Date Assigned:	06/09/2014	Date of Injury:	10/31/1994
Decision Date:	07/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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:

Patient is a 54-year-old female who has submitted a claim for chronic cervical strain; left shoulder tendinosis, DeQuervain's disease bilateral wrists; thoracic strain, right knee sprain, GERD associated with an industrial injury date of 10/31/94.Medical records from 2013 were reviewed which showed persistent neck, upper back and low back pains. Pain radiated into her bilateral upper extremities. She rated her pain as 1-2/10. Range of motion was reduced secondary to pain. There were also bilateral shoulder, bilateral hip, right knee and bilateral calf pain noted. Physical examination of the cervical spine showed tenderness over C5-C6, C6-7. Examination of the lumbar spine revealed tenderness over the midline, right L5-S1 and left sciatic notch. Range of motion was limited with all maneuvers. Motor strength was 4/5 for the right ankle dorsiflexors and everters. Straight leg raise exam was negative bilaterally. EMG report dated 4/30/13 showed abnormal EMG revealing L5 more than S1 chronic neuropathic change in proximal muscles. Right more than left bilateral distal chronic denervation was noted. Abnormal distal sensory nerve studies were suggestive of distal sensory neuropathy. Treatment to date has included, L3-4 posterior fusion with instrumentation, revision laminectomy, intraoperative spinal cord monitoring, completed 25 physical therapy sessions and aquatic therapy. Medications taken include, Prevacid, Skelaxin and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM WITH POOL MEMBERSHIP EXTENSION (MONTHS) QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : ACOEM, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 114.

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 section.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Low Back Chapter was used instead. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs must be monitored and administered by medical professionals. Unsupervised programs may be a risk of further injury to the patient. In addition, gym memberships are not generally considered medical treatment. In this case, patient's progress report dated 9/3/2013 mentioned that she has been attending an independent aquatic therapy with her gym membership. She reported decreased pain and increased strength with the program. However, there was no home exercise program provided for the patient. Furthermore, there was no monitoring of treatments administered by medical professionals. Guidelines specifically mentioned that unsupervised programs could be a risk to the patient. Moreover, guidelines do not recommend gym membership as part of a medical treatment. Therefore, the request for Gym with Pool Membership Extension, Qty 12 MONTHS is not medically necessary.