

Case Number:	CM13-0041555		
Date Assigned:	12/20/2013	Date of Injury:	02/15/2012
Decision Date:	02/19/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/14/2013

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 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. 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 68-year-old male who reported an injury on 02/15/2012. The mechanism of injury was a fall. The patient's diagnoses included cervicalgia (ICD-9 code 723.1), displacement of lumbar intervertebral disc without myelopathy (ICD-9 code 722.10), rotator cuff sprain (ICD-9 code 840.4) and sprain of the lateral collateral ligament of knee (ICD-9 code 844.0). A therapy progress note dated 11/27/2013 reported that the patient continued to complain of mid to lower back pain secondary to complaints of right shoulder pain with tertiary complaints of right knee pain. The patient's pain was aggravated with reaching and squatting. The patient was not taking any pain medications at that time. Objective findings were noted as that the patient appeared to move around without significant restrictions. He was noted to have rounded shoulders with increased thoracic kyphosis. Examination of gross muscle testing of the upper extremities was 5/5 to the right; the left side was not tested. There was noted decreased muscle strength to the right shoulder with external rotation and abduction at 90 degrees. There was noted hypersensitivity to light palpation over T4-6 and T4-6 in right rotation. The most recent progress note dated 12/11/2013 revealed objective findings of deep tendon reflexes at 2+; sensation was intact to the shoulder, and there was a positive right Finkelstein's. There was also noted to be a positive right impingement sign and normal varus. Valgus and McMurray's were also normal. Pain to palpation around the right medial joint line was also noted. The patient was prescribed a cane for walking, Ultram 50 mg daily for breakthrough pain, Anaprox DS 550 mg twice a day, Cymbalta 20 mg at bedtime, Flexeril patch twice a day and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy: 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 and Physical Medicine Page(s): 22, 98-99.

Decision rationale: Per the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. There was no clinical documentation provided in the medical records suggestive as to why the patient would require aquatic therapy instead of regular land-based therapy. There was no documented information suggesting that there was a weight bearing deficit at this particular time, or that the patient is obese. Therefore, the medical necessity for pool therapy cannot be proven, and the request for pool therapy is non-certified.

Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter 5221.6600, Health Clubs.

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: In reference to the decision for a gym membership, the California MTUS/ACOEM does not address gym memberships. Per the Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. There is no documentation in the medical record of a home exercise program with periodic assessments that has not been effective. There are not medical professionals available to monitor patients while at public gyms. While an individual exercise program is always recommended, more elaborate personal care, where outcomes are not monitored by a health professional, such as a gym membership, may not be covered under this guideline. Per the Official Disability Guidelines, gym memberships, health clubs, swimming pools and athletic clubs would not generally be considered medical treatment and are therefore not covered under this guideline. As such, the request for a gym membership is not medically necessary at this time, and the request is non-certified.