MAXIMUS Federal Services

Case Number:	CM13-0042948		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2011
Decision Date:	05/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 50 year old female with date of injury of 05/17/2011. The listed diagnoses according to [redacted] dated 09/24/2013 are physical assualt, cervical sprain/strain, cervical discopathy, right knee internal derangement, lumbar sprain/strain and anxiety secondary to assault. According to the progress report dated 09/24/2013 by [redacted], the patient presents with neck, low back, and right knee pain. Objective findings show significant spasms and tenderness upon the cervical spine and paracervical musculature. There is painful range of motion. The Spurling's maneuver is positive. There is also spasms, tightness, and tenderness in the paralumbar musculature. Lastly, straight leg raise test is midly positive. The treating physician is requesting a 1 year pool /gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) YEAR POOL AND GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) GYM MEMBERSHIP

Decision rationale: This employee presents with neck, low back, and right knee pain. The treating physician is requesting a gym membership and pool access. The MTUS guidelines recommend exercise, but state, "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." The ODG guidelines for the lumbar spine do not recommend gym memberships as medical treatment. They are not recommended as a 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." The report dated 09/24/2013 by [redacted] states, "I am also recommending a one year pool and gym membership which will be more cost effective than physical therapy or pool therapy." In this case, there is no rationale for why the employee has to exercise in a pool. The employee should be able to accomplish equally effective exercises on land and at home. Recommendation is for denial.