

Case Number:	CM13-0046175		
Date Assigned:	12/27/2013	Date of Injury:	11/24/2012
Decision Date:	03/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice, 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 72 year old male with a date of injury over one year ago. He reports continued low back pain. Treatments to date include aquatic physical therapy which has apparently provided temporary subjective improvement in symptomatology. He has continued reduced range of motion but no apparent radicular symptoms or red flag findings. An MRI performed July 15, 2013 showed multiple levels of pathology along the lower thoracic and lumbar region consistent with age and chronic manual labor, specifically multilevel disc osteophyte complexes and neural foraminal stenoses. Agree Medical Examination of 8/21/2013 found no need for further physical therapy to the lumbar region and also found that aquatic therapy was not necessary. There is no documented objective evidence of reduction in functional impairments or increase in range of motion after having had aquatic physical therapy. Utilization review of 10/23/13 non-certified membership to aquatic gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent 3 months 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) - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic)

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 Lumbar and Thoracic, Gym Memberships

Decision rationale: As per the above Guidelines, gym memberships are not medically indicated for continuation of a home exercise program unless there is documented need for specific equipment. In this case, aquatic therapy was utilized but there was no attempt to transition to land-based traditional therapy or a land-based home exercise program. Furthermore, there was no documented objective evidence of lasting functional improvement with the aquatic therapy. As such, continued aquatic exercises at the gymnasium are not medically necessary.