

Case Number:	CM13-0049271		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2007
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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:

This is patient reported an injury on 09/25/2007. There was no clinical documentation submitted for this review. Therefore, there is no evidence of a recent physical examination. The patient's primary diagnoses include cervical spondylosis with degenerative disc disease, cervical radiculopathy, lumbago, lumbar degenerative disc disease, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month membership at [REDACTED] r for aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Gym Memberships

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. There was no clinical documentation submitted for this review. Therefore, there

is no evidence of a significant musculoskeletal or neurological deficit. There is no indication that this patient has not responded to a home exercise program. The patient's injury was greater than 6 years ago to date, and there is no documentation of any previous physical or aquatic therapy. Based on the lack of clinical information received, the request is non-certified.