

Case Number:	CM13-0052437		
Date Assigned:	12/27/2013	Date of Injury:	06/22/1996
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 45-year-old female who reported an injury on 6/22/96. The mechanism of injury was not stated. The injured worker is diagnosed with thoracic sprain and strain, and lumbosacral sprain and strain. The injured worker was evaluated on 10/3/13. She reported a high degree of lower back pain with stiffness and swelling in the lower extremities. Physical examination revealed an altered gait with myospasm in the lower back and positive Fabere's testing. Treatment recommendations included an MRI of the lumbar spine and an independent gym/aquatic program for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDEPENDENT GYM/AQUATIC PROGRAM FOR 6 MONTHS FOR LUMBAR SPINE AS OUTPATIENT: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines state that 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. The injured worker does not appear to meet criteria as outlined by the Official Disability Guidelines. There is no indication that this injured worker has failed to respond to a home exercise program. There is also no indication of the need for specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request is noncertified.