

Case Number:	CM13-0052640		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2013
Decision Date:	05/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery 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 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 37-year-old male who reported an injury on 08/17/2013. The diagnosis was lumbago. Documentation of 10/09/2013 revealed the mechanism of injury was the injured worker was riding on a Greens "roller" down a steep hill when the machine flipped over and fell on top of him. The injured worker had 6 sessions of physical therapy rehabilitation with no swimming or chiropractic care. The objective findings revealed the injured worker had tenderness in the caudal lumbar segments with no deformity. The lumbar range of motion showed limitation. Neurologically, the injured worker had right dermatomal L4-5 to S1 hypoesthesia. Reflexes were hyporeflexic but symmetric. The treatment plan included aquatic therapy and a gym membership, as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation
[HTTP://WWW.ACOEMPRACGUIDES.ORG](http://www.acoempracguides.org)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 22/98-99.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits. Clinical documentation submitted for review failed to indicate the injured worker had a necessity for reduced weight bearing. There was a lack of documentation of functional benefit received from prior therapy. The requested 8 sessions would exceed guideline recommendations. Given the above, the request for aquatic therapy twice a week for 4 weeks for the lumbar spine is not medically necessary.

3-6 MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships would not generally be considered medical treatment, and are therefore not covered under these guidelines. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline Final Determination Letter for IMR Case Number CM13-0052640 4 recommendations. Given the above, the request for 3 to 6 month gym membership is not medically necessary.