

Case Number:	CM13-0056747		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2010
Decision Date:	07/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine, 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 patient is a 51-year-old male who has submitted a claim for cervical radiculitis, cervical sprain/strain, lumbar disc degeneration, lumbar radiculopathy, right shoulder pain, myositis/myalgia, osteoarthritis status post two left knee arthroscopies associated with an industrial injury date of September 30, 2010. Medical records from 2012-2014 were reviewed. The patient complained of persistent neck, low back, upper extremity, and lower extremity pain with severity of 7-8/10. The neck pain radiates down to the right upper extremity including the arms and shoulders. Low back pain radiated down the right lower extremity bilaterally in the knees. The back pain was associated with tingling and numbness in the lower extremity. Physical examination showed spinal vertebral tenderness over the cervical spine at the C4-C7 level. Cervical myofascial tenderness was also noted. There was limited range of motion secondary to pain. Tenderness over the lumbar paraspinal musculature was noted. The range of motion was moderate to severely limited. There was decreased sensitivity to touch along the L4-L5 dermatome in the right lower extremity. Straight leg raise test was positive on the right for radicular pain at 70 degrees. Tenderness was noted on the right upper extremity and bilateral knees. MRI of the lumbar spine dated October 21, 2011 revealed a 4-5mm broad-based disc protrusion at L4-L5 and mild central foraminal narrowing. Cervical MRI dated January 17, 2011 showed unremarkable findings. MRI of the left knee dated May 24, 2011 showed edema of the medial femoral condyle suspicious for osseous contusion, tear at the free edge of the midbody of the medial meniscus, and soft tissue edema in the subcutaneous fat in the distribution of the prepatellar bursa and superficial infrapatellar bursa suspicious for soft tissue contusion or bursitis. Right knee MRI dated March 19, 2012 revealed chondromalacia patella and mild degenerative changes in the medial femorotibial articulation. Treatment to date has included

medications, physical therapy, acupuncture, aqua therapy, home exercise program, activity modification, viscosupplementation, and knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH AQUATIC THERAPY TO CERVICAL SPINE, LUMBAR SPINE, RIGHT SHOULDER FOR 3 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Low Back Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. Page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, the rationale for a gym membership was not indicated on the medical records submitted. There is no discussion concerning a need for specialized equipment warranting this present request. The patient had previous aqua therapy sessions since 2012 which afforded relief, but no overall improvement. It is unclear how many sessions were completed and functional outcomes derived from it. The patient has a body mass index of 32.7, classified as obese. However, the rationale for aqua therapy was not indicated in the medical records submitted. Furthermore, the present request failed to specify the frequency of visits. As such, the request is not medically necessary.