

Case Number:	CM13-0061289		
Date Assigned:	12/30/2013	Date of Injury:	07/21/2008
Decision Date:	04/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & 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 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 54 year old male who reported an injury on 07/21/2008. The mechanism of injury was not specifically stated. The patient is diagnosed as status post lumbar spine surgery, lumbar spine multilevel discopathy, left lower extremity radiculitis, left knee arthrosis, and left knee internal derangement. The patient was seen by [REDACTED] on 11/01/2013. The patient reported ongoing left knee pain. Physical examination revealed an antalgic gait, pain and tenderness in the par lumbar musculature; normal range of motion, positive straight leg raise, diminished left L5 sensation, and positive patellofemoral grinding and McMurray's testing. Treatment recommendations included aquatic therapy, a 1 year gym and pool membership, a left knee brace, chiropractic therapy, and a 10-week supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym and pool 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 Index, 11th Edition (web), 2013, Low Back, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Gym memberships.

Decision rationale: 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. The patient does not appear to meet criteria for the requested service. There is no indication of ineffectiveness of a home exercise program or the need for specialized equipment. Therefore, the request is non-certified.

Chiropractic physical therapy 1 x week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The patient has previously participated in chiropractic therapy. However, there is no documentation of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

Pool therapy 2 x week for 6 weeks for lumbar spine:

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 Index, 11th Edition (web), 2013, Low Back, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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. As per the documentation submitted, the patient demonstrated only tenderness to palpation of the lumbar spine with positive straight leg raise and diminished sensation. The patient demonstrates normal range of motion of the lumbar spine. There is no indication of the need for reduced weight bearing. Additionally, the patient has previously participated in aquatic therapy. However, there is no evidence of objective functional improvement. Based on the clinical information received, the request is non-certified.