

Case Number:	CM13-0062553		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2008
Decision Date:	04/03/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

According to the 11/7/13 report from [REDACTED] the patient is a 71 year-old male who presents with 7/10 right knee pain, and low back pain that radiates down both legs. His injury was on 10/22/2008. The patient reports going to the gym 5 days/week and spends several hours there exercising and using the hot tum to relax. He believes he will decline without the use of the pool and hot tub. [REDACTED] states the patient was taking medications as prescribed and no medication abuse is suspected. [REDACTED] orders a UDT, and prior UDT was on 10/7/13 and before this was on 8/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with Pool x 6 months: 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, 9th Edition (web), Gym Membership

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar chapter, for Gym memberships

Decision rationale: The patient presents with 7/10 right knee pain, and low back pain that radiates down both legs. He reports using the gym 5 days a week, for pool therapy and the hot tub. The request is not in accordance with MTUS or ODG guidelines. MTUS recommends aquatic therapy, and states for the number of supervised visits, see the physical medicine section. The MTUS physical medicine section recommends 8-10 sessions of therapy for myalgias and neuralgias. The patient reports using the pool and hot tub 5 days a week, and at this frequency, for 6-months, will exceed the MTUS recommendations for aquatic therapy. The hot tub is passive care, and MTUS does not recommend passive care for the chronic stage of treatment. Regarding the gym membership, ODG guidelines states these are not considered medical treatment. ODG and MTUS states that the therapy must be supervised by medical professionals.

Retrospective Request for Uring Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 1/20/12

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online Pain chapter for Urine Drug Testing <http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>

Decision rationale: The patient presents with 7/10 right knee pain, and low back pain that radiates down both legs. [REDACTED] states the patient was taking medications as prescribed and no medication abuse is suspected. [REDACTED] orders a UDT on 11/7/13, and prior UDT was on 10/7/13 and before this was on 8/12/13 both were consistent. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The physician does not state the patient is at medium or high risk for drug abuse. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines.