

Case Number:	CM13-0065555		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2007
Decision Date:	04/18/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of November 30, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior L3-S1 lumbar laminectomy surgery; prior left knee arthroscopy and meniscectomy; a 27% whole-person impairment rating; and extensive periods of time off of work. In a utilization review report of December 6, 2013, the claims administrator approved six sessions of acupuncture while denying a request for [REDACTED] gym membership. The applicant's attorney subsequently appealed. In an October 26, 2012 medical-legal evaluation, the applicant was given a 27% whole-person impairment rating and issued with several rather proscriptive limitations. It did not appear that the applicant was working at that point in time. A September 19, 2013 progress note is notable for comments that the applicant has chronic pain issues. He is using a spinal cord stimulator and is on morphine, oxycodone, and Norco. 9/10 pain is appreciated. The applicant is depressed and having issues with sleep disturbance. He is not working. Prescriptions for Vicodin, Naprosyn, Lyrica, Senna, and topical compounds are endorsed, along with an aquatic therapy membership "per QME/AME (Agreed Medical Examination) recommendation."

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Membership for Aquatic Therapy FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Exercise Programs. Decision based on Non-MTUS Citation Medicare Manual 2210.2.1, Maintenance Programs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,,Chronic Pain Treatment Guidelines Aquatic Therapy Topic Page(s): 22.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, applicants must "assume certain responsibilities," one of which is to adhere to and maintain exercise regimens. Thus, the [REDACTED] membership/gym membership being sought here is a matter of which is deemed by ACOEM to be one of the applicant's responsibility as opposed to a matter of medical necessity. It is further noted that page 22 of the MTUS Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy in those applicants in whom reduced weight bearing is desirable. In this case, however, it is not clearly stated why or if reduced weight bearing would be desirable. There is no evidence that the applicant's chronic low back and knee issues rise to the level where the applicant should avoid weight bearing. Therefore, the request for [REDACTED] membership for aquatic therapy for lumbar spine is not medically necessary and appropriate, for all of the stated reasons.