MAXIMUS Federal Services

Case Number:	CM13-0072633		
Date Assigned:	01/08/2014	Date of Injury:	06/05/2008
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 77 year old male who was injured on 06/05/2008. The mechanism of injury is unknown. Prior treatment history has included Norco and insulin. Diagnostics studies reviewed included x-rays of the lumbar spine, left ankle and foot revealed slight multiples degenerative changes of the lumbar spine without evidence of gross soft tissue abnormality or bony malalignment. Pain management consultation note dated 08/14/2013 states the patient complains of pain in the low back, which he rates on a pain scale at 8/10. The pain is described as sharp pain on the right side, radiating to the right hip and leg down to the foot with numbness sensation to the bilateral legs, right side greater than left. He reports the pain is worse at nighttime. He ambulates with a walker. He reports sitting on a flat chair for a prolonged time aggravates his pain. The patient is diagnosed with a heart condition (pacemaker) and diabetes. On exam, heel-toe walk is exacerbated by antalgic gait to the right. Wrist sensory examination is grossly intact in all dermatomes as to pain, temperature, light touch, vibration and two-point discrimination. The lumbar spine exhibits diffuse tenderness over the paraspinal musculature. There is moderate facet tenderness at L4 to S1. The ankle has decreased sensation as to pain, light touch, vibration and two-point discrimination in the right L5 and S1 dermatomes. The assessment is lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; insulin-dependent diabetes mellitus; and pacemaker. On doctor's first report clinic note dated 02/28/2013, a request is made for aquatic therapy at a frequency of two times per week for four weeks and a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP WITH POOL ACCESS: 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 For Workers Compensation (TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, it is "not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. The medical records submitted do not document that the patient is currently under active Home Exercise Program (HEP). Also, there is no documentation that it will be supervised by a medical professional since the guidelines indicate that unsupervised programs may be risk of further injury to the patient. There is no discussion of gym exercises or need for exercise equipment. Thus, the medical records sent to me do not provide adequate justification for the requested 1 year gym membership with pool access and hence it is not medically necessary and appropriate.