MAXIMUS Federal Services

Case Number:	CM14-0002511		
Date Assigned:	01/24/2014	Date of Injury:	05/29/2011
Decision Date:	12/17/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 55-year-old female who sustained a remote industrial injury on 05/29/11 diagnosed with disc injury of the lumbar spine with weakness of the left lower extremity and a shoulder injury. Mechanism of injury is not specified in the documents provided. The request for aquatic therapy 12 sessions was modified at utilization review to certify 6 sessions of aquatic therapy to allow for a trial of aquatic therapy for strengthening and stretching because the patient's body mass index is 30, which is marginal. The request for access to a gym for 6 months was non-certified at utilization review due to the lack of indication for more elaborate care where outcomes are not monitored by health professional and there appears to be no need for equipment. The most recent progress note provided is 10/29/13. Patient complains primarily of aching, dull and sore back and low back pain that shoots down the legs rated as a 1/10 and aching, burning, deep, sharp, shooting and throbbing shoulder pain rated as an 8/10. Patient reports that back extension/flexion, lifting, standing, and bending aggravate the pain while rest improves the pained. Patient is also experiencing back stiffness, radicular pain in the bilateral legs with weakness, and stiffness in the shoulder. Review of systems is positive for sleep problems, arm pain, hand edema, difficulty walking, headaches, numbness, weakness, genitourinary symptoms, back pain, joint or musculoskeletal symptoms, difficulty getting out of the chair, and difficulty/limited exercise. Physical exam findings reveal a rotator cuff and supraspinatus strength of 3/5 bilaterally, external rotation strength rated as a 3/5 bilaterally and associated with pain, moderate tenderness at the AC joint, decreased range of motion of the bilateral shoulders, decreased sensation in the S1 dermatome on the left, pain on palpation over the cervical facets, positive Spurling's maneuver bilaterally, positive maximal foraminal compression testing, pain on palpation over the L4-L5 and L5-S1 facets, positive straight leg raise on the left, and positive straight leg raise on the right. Current medications include: Vicodin and Cymbalta. It is noted

that the treating physician is requesting that the patient continue physical therapy. Provided documents include a physical therapy discharge note dated 11/12/13 that highlights the patient's response to physical therapy was excellent and the patient was able to perform 70% of her independent home exercise program. This discharge note also highlights a request for more physical therapy sessions to improve the patient's strength and range of motion. Provided documents also include requests for authorization, pharmacy invoices, official disability guidelines, health insurance claim forms, physical therapy treatment notes that highlight the patient participated in 12 sessions, previous progress reports, laboratory reports, and urine toxicology reports. The patient's previous treatments include lumbar epidural steroid injections, physical therapy, and medications. Imaging studies provided include an x-ray of the left shoulder, performed on 06/07/13, that reveals acromioclavicular osteoarthritis and an x-ray of the lumbar spine, also performed on 06/07/13, that reveals lumbar spondylosis with moderate degenerative disc disease at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE Page(s): 22, 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, SHOULDER, PHYSICAL THERAPY

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

Decision rationale: According to MTUS guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." In this case, the patient has undergone at least 12 sessions of land-based physical therapy sessions with improvement but there is no documentation of limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Further, aquatic therapy is recommended when "reduced weight bearing is desirable, for example extreme obesity." With the patient's Body Mass Index of 30, the patient is not extremely obese and there appears to be no implication that the patient has other weight bearing problems. As such, medical necessity is not supported and the request is not medically necessary and appropriate.

Access to gym 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), LOW BACK, SHOULDER, 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) Low Back, Gym memberships

Decision rationale: According to ODG, gym memberships are "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...Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In this case, there is no documentation that the patient has failed a home exercise program with periodic assessment and revision or any delineation as to why the patient requires equipment. Further, the treating physician does not provide a clear rationale for the requested access to a gym, and gym memberships are not unequivocally considered medical treatment. For these reasons, the request for Access to Gym x 6 months is not medically necessary and appropriate.