

Case Number:	CM14-0004636		
Date Assigned:	01/24/2014	Date of Injury:	04/29/2009
Decision Date:	06/19/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 has a date of work injury 4/29/09. His diagnoses include lumbosacral spondylosis with facet arthroses. This 54 year old male presents today with a chief complaint of lumbar spine symptoms. He is a right-hand-dominant firefighter, who injured his lumbar spine in the course of his work activities, He has been on retirement/disability as of April 2012. There is constant dull, aching pain extending from the thoracolumbar junction into the lumbosacral junction bilaterally, equally distributed between the right and left and rated from 4/10 to 8/10. There is occasional radiation of pain from the right lower extremity down to the level of the lateral ankle occurring approximately 10% of the time. He denies any left lower extremity symptoms. On examination, the patient has a slightly increased lordosis with a very slight shift to the right. There is no tenderness in the pelvic brim or junction to percussion. Moderate spasms in the paravertebral musculature bilaterally with an increase in the left thoracolumbar muscle mass compared to the right. No sciatic notch tenderness. ROM: FF to 50'. ext 15, rot 20' 120', LB 10'/20'. Extension and rotation to either side causes midline lumbar spine discomfort. Gait is a normal heel-to-toe progression with toe and heel walking. The treatment plan includes continuing his medications and a [REDACTED] for an aquatic exercise program for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY MEMBERSHIP AT [REDACTED] FOR AQUATIC EXERCISE PROGRAM FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 membership

Decision rationale: Monthly membership at [REDACTED] for aquatic exercise program for 6 months is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request is not medically necessary.