MAXIMUS Federal Services

Case Number:	CM14-0006618		
Date Assigned:	02/07/2014	Date of Injury:	11/01/2006
Decision Date:	07/18/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 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 55 year old with an injury date on 11/1/06. Based on the 12/12/13 progress report provided by [redacted] the diagnoses are: 1. Lumbar Disc Displacement without Myelopathy2. Pain in joint shoulder 3. Sprain/strain lumbar regionExam on 12/12/13 showed antalgic gait, no cardiorespiratory distress, no signs of sedation. [redacted] is requesting six month gym membership for pool access. The utilization review determination being challenged is dated 12/20/13. [redacted] is the requesting provider, and he provided treatment reports from 3/25/13 to 1/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH GYM MEMBERSHIP FOR POOL ACCESS QUANTITY SIX: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines Page(s): 22,46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapters: Lumbar Knee,and Shoulder.

Decision rationale: This patient presents with chronic upper and lower back pain, bilateral hand pain, tingling in feet, rated 5/10, worse at night. The treater has asked six month gym membership for pool access on 12/12/13 since land-based functional restoration program was denied. 7/29/13 states patient has completed 12 sessions of physical therapy but showed no improvement. 8/14/13 report states patient is assisted in ambulation with cane, and notes prior aquatic therapy was helpful. Review of the 12/12/13 shows patient is performing aquatic exercise at a gym, and it has alleviated stiffness and chronic pain in multiple body parts. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the treater has asked for six month gym membership for pool access for 6 months. Prior land-based physical therapy has proven ineffective, and patient is performing aquatic therapy with improved functional benefit. Since pool exercises have been shown to be beneficial for chronic pain and the patient does not have an access to a pool, a gym with a pool would be beneficial. It is assumed that the treater will provide supervision of the patient's exercises. ACOEM p309 recommends "low-stress aerobic" exercises. ODG guidelines under exercises for pain states, " Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs." Recommendation is for authorization.