MAXIMUS Federal Services

Case Number:	CM14-0007467		
Date Assigned:	02/07/2014	Date of Injury:	12/23/2001
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennesee. 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 53-year-old female who has submitted a claim for status post lumbar surgery, status post right knee arthroscopy, left knee sprain/strain, and depressive disorder associated with an industrial injury date of December 23, 2001. Medical records from 2009 to 2013 were reviewed. The patient complained of low back pain radiating to both hips. She likewise complained of right knee popping, clicking, stiffness, tightness, and occasional swelling. The physical examination revealed positive facet loading signs. Reflexes were absent at the right patellar tendon and trace on the left. Achilles reflexes were absent bilaterally. Left ankle plantar flexor was graded 5-/5 in strength. Treatment to date has included lumbar fusion of L3-4 in 2006, right knee arthroscopy in 2008, right knee cortisone injection, and medications such as Flexeril, and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR TWELVE MONTHS: Upheld

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

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 Chapter, Gym Memberships.

Decision rationale: The CA MTUS does not address this topic specifically. The ODG states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, patient requested for a gym membership program for ongoing self-guided physical therapy. However, there was no evidence that her home exercise program is ineffective or if there is a need for specialized equipment warranting this present request. Therefore, the request for gym membership for twelve months is not medically necessary.

ONE SMALL SWIMMING POOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable Medical Equipment (DME).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. The ODG states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, the documented rationale is because the patient obtained a small swimming pool that she uses at home. However, the guideline criteria for DME, as stated above have not been met since a swimming pool is not primarily and customarily used to serve a medical purpose, and it is still useful to anyone in the absence of an injury. Furthermore, there was no indication why the patient could not participate in a land-based home exercise program instead. There was no documented home exercise program in the form of aquatic exercises. Therefore, the request for one small swimming pool is not medically necessary.