

Case Number:	CM14-0008667		
Date Assigned:	02/12/2014	Date of Injury:	03/05/1975
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 67 year-old patient sustained an injury on 3/5/1975 while employed by [REDACTED]. The request under consideration include outpatient physiotherapy times six and gym membership for the lumbar. The diagnoses is lumbar sprain/ Intervertebral disc degeneration. The report of 11/13/13 from the provider noted patient with complaints of low back pain rated at 8/10 increased with walking. The report of 12/13/13 submitted an appeal letter for the denial of therapy treatment of 6/21/13 noting the patient patient had experienced relief as well as increased range of motion subsequent to the physical therapy in the past. Mostly illegible, hand-written report of 12/16/13 from the provider noted patient with L/S pain. Brief exam showed decreased range (no degrees specified); DTRs 2+ and positive SLR on left at 60 degrees. The medications checked included Tramadol/APAP, Flurbiprofen/Lido topical and Tramadol 15%/Dextro/Cap. The patient remained off work. The request for outpatient physiotherapy times six and gym membership for the lumbar were non-certified on 1/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSIOTHERAPY TIMES SIX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL THERAPY Page(s): 98-99.

Decision rationale: The submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The outpatient physiotherapy times six is not medically necessary and appropriate.

GYM MEMBERSHIP FOR THE LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EXERCISE Page(s): 46-47.

Decision rationale: Although the California MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive Thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The gym membership for the lumbar is not medically necessary and appropriate.

