

Case Number:	CM14-0012981		
Date Assigned:	02/24/2014	Date of Injury:	05/08/1976
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for ischemic cardiomyopathy, mitral valve disorder, chronic low back pain, and chronic multifocal pain syndrome reportedly associated with an industrial injury of May 8, 1976. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; failed lumbar spine surgery; and a spinal cord stimulator implantation. In a Utilization Review Report of March 11, 2014, the claims administrator denied a request for a gym membership with aquatic therapy component, citing non-MTUS ODG Guidelines although the California MTUS Guideline did address the topics at hand. The applicant's attorney subsequently appealed. In a letter dated October 24, 2013, the applicant's attending provider stated that the applicant suffered from many chronic health problems, including chronic daily orthopedic pain. It was stated that aquatic therapy could ameliorate the applicant's issues. In a progress note dated December 17, 2013, the applicant was described as having had a cardiac device implanted on February 1, 2012. The applicant did have intermittent complaints of chest pain, it was stated. No clear treatment plan was provided. The applicant was asked to follow up with the cardiologist who implanted the earlier procedure. On October 21, 2013 the applicant underwent revision of an intrathecal infusion pump and revision of an intrathecal catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP W/ AQUATIC THERAPY: 2-3 TIMES A WEEK -
PERMANENTLY FOR FUNCTIONAL IMPROVEMENT: Upheld**

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic Therapy topic Page(s): 22.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, the gym membership being sought by the attending provider, thus, has been deemed a matter of applicant responsibility as opposed to a matter of payer responsibility. It is further noted that the California MTUS Guidelines suggest that aquatic therapy should be reserved for applicants in whom weight-bearing exercises are contraindicated. In this case, however, it has not been clearly stated or suggested that weight-bearing is contraindicated here. The applicant's gait and ambulatory status were not clearly detailed on any recent office visits. Therefore, the request is not medically necessary.