

<b>Case Number:</b>	CM14-0015187		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Nevada. 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 records presented for review indicate that this 73-year-old male was reportedly injured on February 23, 2000. The mechanism of injury is noted as an altercation. The most recent progress note, dated April 23, 2014, is a follow-up for unrelated hyperlipidemia. Another note dated February 24, 2014, indicates a complaint of low back pain. There is a history of a prior lumbar spine fusion. Prior physical therapy was stated to have been helpful and the injured employee is currently again participating in physical therapy. Previous treatment has also included lumbar spine epidural injections. An x-ray of the lumbar spine dated November 16, 2003 notes a fusion at the L4 - L5 level. The physical examination demonstrated decreased lumbar spine range of motion and significant tenderness in the peril lumbar region. Diagnostic blocks were recommended. A request had been made for continued physical therapy for the lumbar spine and a gym membership and was not certified in the pre-authorization process on January 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUED PHYSICAL THERAPY LUMBAR SPINE #6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**Decision rationale:** According to the attached medical record the injured employee has participated in physical therapy many times. At this point he should be well-versed on what is required of physical therapy for the lumbar spine and should be able to continue this on his own at home with a home exercise program. This request for continued physical therapy for the lumbar spine is not medically necessary.

**GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar and Thoracic, Gym Membership.

**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 - Lumbar and thoracic, Gym membership, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has been found to not be effective and there is a need for specific gym equipment. Additionally, such a program needs to be administered, attended and monitored by medical professionals. As there is no documentation in the attached medical record addressing these issues, this request for a gym membership is not medically necessary.