

Case Number:	CM14-0015236		
Date Assigned:	02/28/2014	Date of Injury:	08/24/2009
Decision Date:	08/19/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 39-year-old female who reported an injury on 08/24/2009; the mechanism of injury was a fall. The injured worker was been diagnosed with multiple sclerosis and a closed head injury with concussion. Prior treatment included physical therapy, occupational therapy, speech therapy, home health exercises, home activities of daily living training, Botox injections, and medications. A Functional Capacity Evaluation was conducted on 12/04/2013. The injured worker reported that the pain had decreased to 2/10 from 3/10 on the pain scale. The injured worker reported pain to the head and right side lower back. The injured worker ambulated with a single point cane The injured worker's medication regimen included Copaxone injection daily, Donepezil, Escitalopram, Gabapentin, and Modafinil. The injured worker was taking over the counter supplements and Aleve as needed for pain. The injured worker was able to walk for 1 mile with difficulty and reported pain. Her sitting or standing was limited to 1 hour also due to pain. She was able to lift heavy objects, but it temporarily increased her back pain. Neck pain was constant with average pain intensity of 1-2/10 on the pain scale. The injured worker complained of excessive fatigue and was being seen by a psychiatrist at that time. The injured worker also complained of forgetfulness. On 12/06/2013 the physician noted the injured worker complained of stiffness and pain to the lower back following the exam on 12/04/2012. She reported her pain was rated 4/10 on the pain scale. The injured worker has completed physical therapy and is having difficulties due to forgetfulness and not feeling motivated. The injured worker sleeps nine hours a day and naps two to three hours a day. She maintains a sedentary life style. The physician was requesting gym and pool membership for 2 sessions. The physician's rationale for the request was not given. The request for authorization form was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym and Pool Membership times 2 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Low Back Chapter- Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Gym Memberships.

Decision rationale: The request for gym and pool membership times 2 sessions is not medically necessary. The Official Disability Guidelines state this modality is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. The injured worker has performed physical therapy, occupational therapy, and speech therapy in the past and has made progress with range of motion, lifting, and activities of daily living. The physician notes the injured worker is sedentary secondary to headache pain. The injured worker is able to ambulate for up to one mile with a cane using it for balance and stability. The injured worker reported she was forgetful in regards to remembering to complete her exercises at home daily. The injured worker is making progress to the point of being able to return to work with modifications. The documentation did not indicate the injured worker failed a home exercise program. There is no indication the injured worker has limitations for which pool therapy and reduced weight bearing would be necessary. There is no evidence of a need for an exercise program with decreased weight bearing. The physician's rationale for the request was not provided. There is no indication that there is a need for equipment. As such, the request is not medically necessary.