

Case Number:	CM14-0130133		
Date Assigned:	09/22/2014	Date of Injury:	12/16/2012
Decision Date:	12/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/14/2014

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 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:

According to the records made available for review, this is a 40-year-old male with a 12/16/12 date of injury, and status post right ankle arthroscopy. At the time (7/14/14) of the Decision for authorization for PT 2 x 6 to the lumbar spine and gym membership, there is documentation of subjective (pain in the lumbosacral spine, pain in the right ankle; low back pain radiating down the right lower extremity with numbness and tingling) and objective (right ankle normal range of motion, pain with dorsiflexion at 15 degrees, plantar flexion at 40 degrees, inversion 30 degrees, and eversion 20 degrees, moderate swelling; right ankle tenderness and weakness; lumbar spine guarding and tenderness) findings, current diagnoses (right ankle status post arthroscopy), and treatment to date (medications and activity modification). Regarding the requested PT 2 x 6 to the lumbar spine, there is no documentation of measured functional deficits regarding the lumbar spine. Regarding the requested gym membership, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 6 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 7/18/2009; regarding Act.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Medicine Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains and lumbosacral radiculitis not to exceed 10-12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right ankle status post arthroscopy. However, despite documentation of low back pain and lumbar spine tenderness and guarding, there is no documentation of measured functional deficits regarding the lumbar spine. In addition, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. Therefore, based on guidelines and a review of the evidence, the request for PT 2 x 6 to 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 Guidelines, Low Back, Gym memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of right ankle status post arthroscopy. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and

administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for gym membership is not medically necessary.