

Case Number:	CM14-0150365		
Date Assigned:	09/18/2014	Date of Injury:	01/15/2009
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 64-year-old male who has submitted a claim for pain disorder associated with both psychological factors and a general medical condition and major depression associated with an industrial injury date of 01/15/2009. Medical records from 2014 were reviewed. Patient complained of low back and shoulder pain. Pain is rated at 10 out of 10. Physical examination revealed tenderness to palpation of the lumbar paraspinal musculature and limited range of motion. Patient has an antalgic gait. Treatment to date has included pain medications, physical therapy, home exercise program and psychotherapy. Utilization review from 09/08/2014 denied the requests for gym class (2) and water exercise class (2). Reasons for denial were not included in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym class (2): Upheld

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

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 Chapter, Gym Membership

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient continues to complain of low back pain and shoulder pain. The patient was advised to continue with his home exercise program as mentioned in a progress report dated 06/06/2013. There was no documentation of failure of home exercise program. In addition, it was not discussed how the treatment would be monitored and administered by medical professionals. There was likewise no discussion concerning need for a specialized equipment in this case. Therefore, the request for gym class (2) is not medically necessary.

Water exercise class (2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient previously completed a course of physical therapy, although the number of visits was not specified. Patient is currently complaining of low back pain and shoulder pain rated at 10 out of 10. There was no mention if the patient is obese, or has fractures of the lower extremity. The documentation did not mention any clear indication for enrollment to aquatic therapy. The medical necessity for enrollment to aquatic therapy has not been established. Therefore, the request for water exercise class (2) is not medically necessary.