

Case Number:	CM14-0166236		
Date Assigned:	10/10/2014	Date of Injury:	07/14/2007
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 injured worker is a 61-year-old female who sustained a cumulative trauma from January 4, 1979 to July 14, 2007 and from July 15, 2007 to February 18, 2011. She is diagnosed with (a) lumbar spine sprain/strain with left S1 radiculopathy with moderate disc dessication with L2-L3 osteoarthritis, L4-L5 neuroforaminal stenosis; and (b) chronic left knee sprain, patellofemoral arthralgia with grade II to III tear, Baker's cyst. She was seen for an evaluation on September 18, 2014. She reported that overall low back pain symptoms improved with pain management injections. Examination of the lumbar spine revealed limited range of motion. Gaenslen's test was positive. Examination of the left knee revealed limited range of motion. McMurray's test was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months of ████████ Membership with Aquatic Access: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter

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, Gym memberships

Decision rationale: The request for six months of [REDACTED] membership with aquatic access is not medically necessary at this time. While there was documentation home exercise program, there was no mention that there was concomitant periodic assessment and revision of the said program and that this has been not effective for the injured worker. A review of the medical records also failed to provide evidence that there is a need for gym equipment and aquatic access to necessitate the need for the above request. Therefore, the requested service is not considered medically necessary.