

Case Number:	CM14-0166959		
Date Assigned:	10/14/2014	Date of Injury:	07/11/2011
Decision Date:	11/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Interventional Spine 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 patient is a 43-year-old male with an injury date of 07/11/2011. Based on the 08/06/2014 progress report, the patient complains of having numbness in his hips, right thigh, buttock, and leg. He complains of having increased weight gain as well. Patient has antalgia and walks with a cane. He has positive paravertebral tenderness as well as a positive straight leg raise. Sensation is decreased at the left posterolateral thigh. The 08/27/2014 report also indicates that the patient has light touch sensations at the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. The patient's diagnoses are lumbar radiculopathy, post-fusion syndrome (failed back), status post epidural steroid injections x5 with no relief, status post site clearance for spinal cord stimulator and status post site clearance for trial SCS. The utilization review determination being challenged is dated 09/10/2014. Treatment reports are provided from 03/26/2014 - 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership to include aquatic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC - Low BackTriCare Guidelines Policy Manual 6010.54

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym memberships, under Hip & Pelvis (Acute & Chronic)

Decision rationale: According to the 08/06/2014 progress report, the patient complains of having numbness in his hips, right thigh, buttock, and legs. The request is for gym membership to include aquatic therapy. There is no discussion as to why the patient needs this gym membership. MTUS and ACOEM guidelines are silent regarding gym membership, but the ODG guidelines state that it is not recommended as a medical prescription "unless a documented home exercise program with periodic assessment and revision has not been effective, and there is a need for equipment." There are no reports providing any discussion regarding the need for special equipment and failure of home exercise. Nor was there any discussion provided as to why gym membership is needed. Recommendation is for denial.