

Case Number:	CM14-0173795		
Date Assigned:	10/27/2014	Date of Injury:	04/28/2005
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/22/2014

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 American Board of Internal Medicine 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 (IW) is a 51-year-old woman with a date of injury of April 28, 2005. The mechanism of injury was not documented in the clinical records. Pursuant to a progress note dated October 1, 2014, the IW complains of low back, neck, and knee pain. On examination, the IW was fatigued, lethargic, and was in pain. The IW had antalgic gait. The IW was diagnosed with lumbar degenerative disc disease, degenerative cervical disc, and pain in the joint and lower leg. Current medications include Norco, Flexeril, Capsaicin, and Ibuprofen. Norco provided 30% pain relief. The IW has been treated with medications, massage therapy, transcutaneous electrical nerve stimulation unit, physical therapy, home exercise program and chiropractic therapy. There is documentation that the IW completed 53 of 53 chiropractic treatments from February 11, 2009 to June 13, 2012. The provider is recommending continuation of her aqua therapy. She completed the last of her 10 sessions in October of 2014. The IW state that the aqua therapy greatly beneficial. She states that she does utilize the information that she has learned at her sessions, and is interested in continuing self-guided aquatic therapy at a pool close to her home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with Pool for Self-guided Aqua Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14)

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 Section, Gym Memberships

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership with pool for self-guided aqua therapy is not medically necessary. Gym memberships are not recommended as a medical prescription unless it documented home exercise program with periodic assessments and revision has not been effective and was a need for equipment. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker has had a course of 10 Aqua therapy sessions in the past. There is the subjective improvement noted in the medical record, however no objective findings were documented. The injured worker should have been able to develop a self-guided treatment plan having received 10 Aqua therapy sessions in the past. Moreover, the gym membership is not medically necessary. Based on clinical information in the medical record, gym membership with pool for self-guided aqua therapy is not medically necessary.