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| Case Number: | CM14-0174399 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 01/26/2010 |
| Decision Date: | 12/22/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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, 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:

This patient is a 42 year old male with an injury date of 1/26/10. Work status as of 8/29/14: "Return to full duty with no limitations or restrictions." Based on the 8/29/14 progress report by [REDACTED] this patient complains of "constant pain in the bilateral foot that is aggravated by ascending and descending stairs, lifting and bending." The pain is characterized as "stabbing" and the pain "is worsening." This patient also complains of "constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks." The pain is characterized as "sharp" with radiation of pain into the lower extremities. Exam of the ankle/foot shows "tenderness of the plantar portion" and "pain with inversion and eversion." Exam of the lumbar spine shows "palpable paravertebral muscle tenderness with spasm" and "seated nerve root test is positive." Standing flexion and extension are "guarded and restricted." There is also "tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns." Ankle reflexes are asymmetric. Diagnoses are: 1. Plantar Fasciitis 2. Lumbosacral Neuritis Nos The utilization review being challenged is dated 9/22/14. The request was non-certified as "no clear rationale provided as to why this claimant needs membership at this facility and is not able to perform exercises independently." The request is for a 2 year pool membership. The requesting provider is [REDACTED] and he has provided a single progress report dated 8/29/14 and three AME reports from 4/04/12, 8/08/12, and 3/12/13, respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Year Pool Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Exercise Page(s): 22,46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym memberships, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter

Decision rationale: This patient presents with constant pain in the bilateral feet and constant pain in the low back. The treater requests a Two year pool membership. While MTUS guidelines note that exercise is recommended, memberships are not recommended by ODG guidelines 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. Plus, treatment needs to be monitored and administered by medical professionals. 3/12/13 AME: "The claimant did have a chronic low back sprain, but without the need for aggressive intervention." Recommendation was also made for "physical therapy and transition to a home exercise program." Review of medical records from the 3/12/13 AME report references the following reports dated: 2/21/12: Patient to "do his self-instructed exercises at home on a daily basis." 4/03/12: Patient has "recently received authorization for a pool membership and will start a course of pool exercises." 12/11/12: Patient can "continue with his home exercise program and can continue working full duty." The treater does not provide any documentation as to why a 2 year pool membership is a medical necessity, given this patient is has been advised to "do his self-instructed exercises at home on a daily basis" since December of 2012. Furthermore, this patient received an authorization for a pool membership in April of 2012, but there is an absence of documentation provided in terms of monitoring and assessment by medical professionals and the efficacy of aquatic therapy received. While aerobic exercise is associated with reduction in musculoskeletal pain and improvement when compared to no treatment, there is an absence of documentation as to why this patient cannot reasonably continue the home exercise regimen, or the efficacy or ineffectiveness of the prior pool membership. Treatment is not medically necessary and appropriate.