

Case Number:	CM14-0020373		
Date Assigned:	04/25/2014	Date of Injury:	04/24/2007
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 66-year-old woman who sustained a work-related injury on April 24, 2007. Subsequently, the patient developed with the chronic back pain, neck pain shoulder and knees pain. The patient has a history of the cervical sprain and the bilateral osteoarthritis of the knees, right shoulder surgery and left shoulder arthroscopy on September 22, 2009. According to the note dated on August 28, 2013, the patient was complaining of chronic neck and knee pain. The physical examination demonstrated cervical tenderness with reduced range of motion, tenderness to palpation of the knees at the medial and lateral joint lines. Her neurological examination was normal. According to the note dated on February 20, 2014 the patient's physical examination demonstrated the arm tenderness, positive cross arm test and decreased range of motion. The office visit dated on March 6, 2014 noted that the patient was complaining of pain despite taking care hydrocodone. There is no clear documentation of the patient medications history The patient was diagnosed with the cervical sprain, bilateral knee arthralgia, lumbar pain, fibromyalgia and sleep difficulties. The provider requested authorization for gym membership and home care assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH POOL ACCESS FOR ONE YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Pain Medical Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: According to MTUS Chronic Pain Medical Treatment guidelines, an exercise program is not medically necessary. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. According to ODG guidelines, gym memberships are 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. Although temporary transitional exercise programs may be appropriate for patients who need more supervision with unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment, and are therefore not covered under these guidelines. There is no clear documentation of the response of previous physical therapy. There is no clear documentation of failure of supervised home exercise program. There is no documentation for the need for special equipments available only in Gym program. The request does not address who will be monitoring the patient attendance and functional improvement. Therefore, the request for gym membership with pool access for one year is not medically necessary.

HOME CARE ASSISTANCE FOUR HOURS A DAY, THREE DAYS A WEEK FOR ONE YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Home health services Page(s): 51.

Decision rationale: According to MTUS guidelines, home care is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no documentation that the patient recommended medical treatment requires home health aide. The patient is not homebound. Therefore the request for home care assistance four hours a day, three days a week for one year is not medically necessary.

