

Case Number:	CM14-0024379		
Date Assigned:	06/11/2014	Date of Injury:	07/23/2002
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 Pain Medicine and is licensed to practice in Texas. 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 74 year old female who reported an injury of 07/23/2002. The mechanism of injury was not provided. There were no appropriate documents provided for review. According to the previous review, the injured worker had an exam on 02/13/2014 where she complained of bilateral knee pain, low back and shoulder pain. She has had physical fitness for the low back pain with some functional improvement. Her diagnoses included discogenic low back pain, bilateral knee medial compartmental arthropathy, bilateral shoulder impingement syndrome and bilateral carpal tunnel syndrome. The plan of treatment was to include physical fitness care for six months and a refill of medications. The request for authorization form and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTHS OF PHYSICAL FITNESS FOR BACK CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for six months physical fitness for back care is not medically necessary. There was no paperwork about the injured workers history, pain management nor any home exercise program provided. The California MTUS guidelines do not recommend any particular exercise regimen over any other. There was no indication of what would be done and no medically trained person to supervise. The compliance of a fitness center is voluntary and not recorded. Therefore, the request for physical fitness is not medically necessary.