MAXIMUS Federal Services

Case Number:	CM14-0025529		
Date Assigned:	06/13/2014	Date of Injury:	02/07/2012
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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, 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 is a 40-year-old male who reported an injury on 02/07/2012 due to a slip while holding a 55-pound container, twisting his right ankle and leg. The injured worker complained of low back pain and lower extremity pain. He complained of muscle cramps, numbness, and burning pain along the anterior groin. There was no measurable pain noted in the submitted reports. Physical examination of the lumbar spine revealed significant tenderness to palpation at the lumbosacral junction. He had 44 degrees of lumbar flexion. He demonstrated -10 degrees of hip extension on the right and -4 degrees of hip extension on the left. Strength of the gluteus medius was 3+/5 bilaterally. Deep tendon reflexes were 1+ and equal at the patella and Achilles. Sensations were decreased along the right lower extremity compared to the left lower extremity. Lumbar MRI dated 04/27/2012 showed at L5-S1, severe degenerative disc disease with near complete disc space loss; prominent diffuse endplate osteophytes present with degenerative endplate changes. The posterior disc osteophyte complex measured about 8 mm. There was mild facet arthrosis to the left side. There was moderate symmetrical bilateral neural foraminal narrowing; no obvious significant central stenosis. The injured worker has a diagnosis of degeneration lumbar lumbosacral disease. He has undergone lumbar injections, physical therapy, chiropractic therapy, home exercise program, and medication therapy. Medications include nabumetone (Relafen) 500 mg #90, Hydrocodone Bitartrate 10/325 mg #30, Orphenadrine (Norflex) ER 100 mg #90, Docusate sodium 100 mg soft gel, Escitalopram (Lexapro) 5 mg #30, Gabapentin tablets 600 mg #60, Cyclobenzaprine, Glucosamine, Naproxen, Omeprazole, Topiramate, and Tramadol. The current treatment plan is for aquatic therapy x6 and a 12-month gym membership. The rationale was not submitted for review. The request for authorization forms were submitted on 2/18/2014 by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TIMES SIX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page(s) 22, Physical Medicine, page 98, 99 Page(s): 22, 98-99.

Decision rationale: The request for aquatic therapy times six is non-certified. The injured worker complained of low back and low extremity pain. No measurable pain documented. California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The MTUS Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The guidelines indicate the treatment for myalgia and myositis is 9-10 visits and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. There was a lack of documentation in the submitted records as to why the injured worker would benefit from aquatic therapy. There were no functional impairments currently noted on the injured worker's physical examination. There was not a reason as for why the injured worker would not benefit from a land-based home exercise program. The request was also not specified as for what parts of the body were going to be exercised with the aquatic therapy. As such, the request for aquatic therapy x 6 is not medically necessary and appropriate.

TWELVE MONTH GYM MEMBERSHIP: Upheld

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

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 pain, Gym membership.

Decision rationale: The request for twelve month gym membership is non-certified. The injured worker complained of low back and low extremity pain. No measurable pain documented. The Official Disability Guidelines state that a gym membership 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. 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, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. There was no documentation showing why the gym membership would be most beneficial and no notes showing whether the injured worker was successful with the home exercise program; and if so, there was a lack of evidence showing whether the injured worker had improvements with it, conservative care. Given the above, the request for a 12-month gym membership is not medically necessary and appropriate.