

Case Number:	CM14-0028805		
Date Assigned:	06/20/2014	Date of Injury:	12/26/2007
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 50 year old male who injured his low back on 12/26/07 while exiting his city-owned vehicle. The records reflect that the injured worker is status post L4-5 discectomy and L5-S1 laminectomy on 01/08/08 with subsequent development of post-operative right foot drop. The injured worker is noted to use AFO. The injured worker is reported to have had improvement with Synvisc One injection into his left knee. Per office visit note dated 01/16/14, the injured worker has persistent pain and paresthesias and weakness in the lower extremities right greater than left. The injured worker has right foot drop secondary to his herniated disc and subsequent surgery; consequential right knee injury due to lack of dorsiflexion of right foot. The injured worker is using right foot ankle orthosis. The injured worker was recommended for one year gym membership and for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM MEMBERSHIP, AQUATIC THERAPY UNDER DIRECT SUPERVISION THREE (3) TIMES A WEEK FOR SIX WEEKS (6) FOR THE LUMBAR SPINE, KNEES AND HIPS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym membership.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Official Disability Guidelines also states treatment needs to be monitored and administered by medical professionals. Chronic Pain Medical Treatment Guidelines state aquatic therapy may be an option to land-based physical therapy if there is a need for reduced weight bearing. The injured worker in this case is noted to be able to sit for 20-25 minutes, and walk for 20-25 minutes. There is no documentation of the nature and extent of treatment to date including physical therapy, and there is no evidence of failure of a home exercise program that was assessed and revised on a periodic basis. Based on the clinical information provided, the request for one year gym membership, aquatic therapy under direct supervision three (3) times a week for six weeks (6) for the lumbar spine, knees and hips is not recommended as medically necessary.