MAXIMUS Federal Services

Case Number:	CM14-0033987		
Date Assigned:	06/20/2014	Date of Injury:	01/21/2007
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 Internal 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:

The patient is a 53 year old female who was injured on 01/21/2007. She sustained an injury while performing repetitive heavy lifting of objects. She carries a diagnosis of hypertension, right rotator cuff tear s/p surgery, cervical disc displacement without myelopathy, and carpal tunnel syndrome. Prior medication history included Lidoderm 5% patch, Tylenol #3, diclofenac, Fluoxetine, aspirin, buproprion, pantoprazole, and hydrochlorothizide. Per the records, the patient participated in a functional resoration program that provided home exercises. She has also receied physical therapy and acupuncture, both of which were documented to have helped with her chronic pain. Notes from patients functional resoration program (FRP) from 11/11/11-11/15/13, document that the patient had increased range of motion, and improvement in her mood and pain levels. 11/8/13/-11/21/13 notes from the FRP continue to document improvement in the patient's status. Per the records, physical therapy sessions worked on cardiovascular exercise, core strenthening and flexibility. Further notes from the FRP document improved functionality, range of motion, strenght, pain control and improved mood all throught the 6 weeks of the program. In a note written by Dr. Morely on 1/7/2014, patient is noted to have signficantly benefited from the FRP. A request was made for gym membership with aquatic access for the patient to continue her rehab exercises. The patient was noted to be benefiting from her home bases exercises that she learned. In regards to gym membership, no specific exercises were noted, nor was there mention of how those exercises would be a medical necessity. While there was mention of use of an elliptical, it is not clear why this machine is superior to other modalities of cardiovascular exercise such as walking or riding a bike.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 week health club membership trial with pool access: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Gym memberships.

Decision rationale: As per CA MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The patient has chronic pain as a result of her cervical disc disease and rotator cuff injury. The records document that she was involved in a functional restoration program that provided home exercises. She also received medications such as fluoxetine, lidoderm patch, diclofenac, Tylenol #3, physical therapy and acupuncture. Per the records, all of the aforementioned pain management modalities were helpful in managing the patient's pain. While a 13 week health club membership with pool access is an option for this patient, it is not a medical necessity per the guidelines. The records do not specifically describe what exercises the gym will provide that cannot be performed at home. The patient was provided with home based exercises which were documented to have helped. While aquatic exercises can be beneficial in the management of chronic pain and are also an option in this patient, it is not a medical necessity. The patient is documented as being overweight, but that does not preclude one from performing weight bearing exercises such as walking. Her main complaints are of neck and upper extremity pain, not low back or lower extremity pain. In summary, the request is not medically necessary.