

Case Number:	CM14-0048537		
Date Assigned:	06/25/2014	Date of Injury:	08/10/2010
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/28/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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:

Exam of left hip on 2/20/14 showed "range of motion is 0-115 degrees, internal rotation 20 degrees, external rotation 50 degrees, abduction 55 degrees. Moderate discomfort over lower back diffusely, right slightly more than left in paraspinal region. Mild positive straight leg rise bilaterally." [REDACTED] is requesting 1 muscle stimulator (cypress care), 1 pool/gym membership. The utilization review determination being challenged is dated 3/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/24/13 to 4/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Muscle Stimulator ([REDACTED]): 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with left hip pain, lower back pain radiating down legs and is s/p left revision hip arthroscopy from 6/21/13. The physician has asked 1 muscle stimulator (cypress care) on 2/20/14. Records indicated patient has no history of stroke. As of

2/20/14, patient is currently using muscle stimulator as it was requested in 10/23/13 report "for home use" but effect in relation to usage not mentioned. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case patient's chronic radicular symptoms and fibromyalgia is not indicated per MTUS guidelines for use of muscle stimulator. Therefore, the request for 1 muscle stimulator (Cypress Care) is not medically necessary.

1 Pool/Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Hip and Pelvis (Acute&Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG-TWC, Pain.

Decision rationale: This patient presents with left hip pain, lower back pain radiating down legs and is s/p left revision hip arthroscopy from 6/21/13. The physician has asked for 1 pool/gym membership on 2/20/14 "for reconditioning and treatment for self-directed range of motion exercises of low back and left hip" but RFA not included in provided reports. ACOEM p309 recommends "low-stress aerobic" exercises. ODG guidelines under exercises for pain states, "Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, were found to be cost-effective in terms of both health care costs and societal costs." In this case, patient presents with fibromyalgia for which a pool membership for self-directed aqua therapy is indicated. However, this request for pool/gym membership does not include a duration or end-date. Although ODG does not recommend a timeframe for self-directed aqua therapy, the RCT involved an 8 month program, and an open-ended membership cannot be recommended. Therefore, the request for 1 pool/gym membership is not medically necessary.