

Case Number:	CM14-0049914		
Date Assigned:	07/07/2014	Date of Injury:	11/30/2007
Decision Date:	08/01/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 58-year-old male who reported an injury on 11/30/2007; the mechanism of injury was a slip and fall on a wet floor. On 05/15/2014, the injured worker presented with severe pain with tingling to the right lower extremity from the knee down to the foot with numbness of the left foot and descending into the leg. He also reported severe bilateral knee pain and was status post left knee meniscectomy. Examination of the lumbar spine revealed paralumbar tenderness bilaterally from L3 to S1, a positive Kemp's, and a positive Braggard's test. The bilateral lower extremities were tender and there was tingling corresponding to the right L4, L5, and S1 dermatomes from the knee to the foot and numbness corresponding to the left L4, L5, and S1 dermatomes. Diagnoses were failed back surgery syndrome, lumbar facet joint pain, lumbar neuralgia, and bilateral knee arthropathies. Prior therapy included surgery, spinal cord stimulator therapy, acupuncture, and medications. The provider recommended aquatic therapy in the form of a [REDACTED] membership. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] membership for aquatic therapy (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary last updated 3/18/2014.

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 Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There is no documentation of failed home exercise or the injured worker's need for specific equipment that would support the medical necessity for a gym membership. Additionally, the injured worker is not specifically recommended for reduced weight-bearing, to warrant the need for aquatic therapy. As such, the request is not medically necessary.