MAXIMUS Federal Services

Case Number:	CM14-0050011		
Date Assigned:	06/25/2014	Date of Injury:	04/09/2007
Decision Date:	08/08/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/25/2014

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, 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:

The patient is a 68-year-old male with date of injury of 04/09/2007. The 223 pages of records do not provide a recent or prior PR2 report to document the patient's diagnosis, current subjective complaints, and current physical examination. According to this PR2, the patient is cancer-free. The patient is currently waiting for authorization for lumbar spine surgery per [redacted]. He has been approved for left CTR surgery but wants to proceed with lumbar spine surgery prior to aggressively treating his left hand and wrist. He states that his lumbar spine pain is constant. He also complains of right knee pain with intermittent leg giveaway. The patient is currently utilizing Lidoderm patch. The treater was also recommending pool and gym membership. No other findings were noted on the report. The utilization review denied the request on 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Gym Membership Section.

Decision rationale: This patient presents with low back, left hand and right wrist, and right knee pain. The treater is requesting a 6-month gym membership with pool access. The ACOEM Guidelines page 309 low back chapter recommends low stress aerobic exercise. ODG Guidelines under exercises for pain states, Physical therapy in warm water has been effective and highly recommended in persons with fibromyalgia. In addition, ODG Guidelines on gym memberships allow for cases where documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. The records do not show any recent aquatic therapy reports to verify how many treatments were received and with what results. It appears that the treater is requesting pool access in a gym following surgery. However, it is unclear from the documents provided if the patient underwent the lumbar spine surgery. In this case, while pool access or aquatic therapy could be a possibility following lumbar spine surgery, it is unclear from the documents if the patient underwent the said surgery. Furthermore, no documentation of previous failed land-based therapy was noted in the reports.The request is not medically necessary.