MAXIMUS Federal Services

Case Number:	CM14-0061723		
Date Assigned:	07/09/2014	Date of Injury:	06/05/2008
Decision Date:	08/13/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/02/2014

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 Pain 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:

This is a 59-year-old female who sustained a remote industrial injury on 06/05/08 diagnosed with lumbar dis degeneration with radiculitis, shoulder pain, carpal tunnel syndrome, and joint pain in the forearm. Mechanism of injury is not specified in the documents provided. The request for One year membership at Timpany Pool was modified at utilization review to certify a three-month membership at Timpany Pool due to the patient completing aqua therapy with reported functional improvement and needing a pool to continue a self-directed exercise program. The most recent progress note provided is 04/15/14. Patient complains primarily of continued neck pain, a decrease in grip strength, occipital neuralgia with frequent headaches, stomach cramps, bilateral shoulder pain, hip pain, and bilateral wrists pain rated as an 8-10/10. Patient also reports hemorrhoids, stress, incontinence, and heart palpitations and experiences intermittent dizziness with her headaches. The patient cannot tolerate several forms of treatment but receives relief with compound Hydrocodone. Physical exam findings reveal an antalgic slow gait; significantly decreased range of motion of the lumbar spine; signs of pain such as grimacing and constant shifting of weight; motor strength of 4/5 in bilateral lower extremities; deep tendon reflexes of 1+ in bilateral ankles and knees; positive straight leg raise bilaterally; positive Patrick/Gaenslen's test; diffuse tenderness to palpation in the lumbar and sacral regions; and the patient is depressed. Current medications include: Amlodipine, Senna, compound Hydrocodone, and Tylenol. It is noted in the Utilization Review that this case was discussed with the treating physician who reported functional improvement was obtained with aqua therapy. Provided documents include previous progress reports, several notices of certification, requests for authorization, and a urine toxicology report. The patient's previous treatments include medications, steroid injections, surgery, acupuncture, physical therapy, and aqua therapy. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year pool therapy membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Gym memberships.

Decision rationale: According to ODG on gym memberships, "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In this case, provided documentation notes that the patient has previously participated in aqua therapy sessions with functional improvement. However, this functional improvement is not quanitifed by delineating how exactly the patient benefited from these sessions and the number aqua therapy sessions completed is not specified. Further, the treating physician does not provided a rationale for why the patient is unable to perform a land-based home exercise program, or describe a need for specialized equipment. As gym memberships are not unequivocally considered medical treatment, and a home exercise program does not typically require specialized equipment, medical necessity is not supported and the request for One year pool therapy membership is not medically necessary.