

Case Number:	CM14-0065657		
Date Assigned:	07/11/2014	Date of Injury:	12/24/2009
Decision Date:	08/14/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Texas & Oklahoma. 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 48-year-old male who reported an injury December 24, 2009. The mechanism of injury was not provided. On March 3, 2014 the injured worker presented with concerns regarding methadone and wanting to decrease its use. The injured worker was diagnosed with depressive disorder and low back pain. There was no physical examination done at this time. The provider recommended 6 sessions of aquatic therapy and gym membership for 6 months on the basis of nonfusion or pseudoarthrosis of the injured worker's back. Prior therapy included medications. 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:

Six sessions of aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS Guideline recommends aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 10 sessions of aquatic therapy for up to 4 weeks. The included medical documentation does not indicate that the injured worker is recommended for reduced weight bearing exercise. The provider's request for aquatic therapy in place of land-based physical therapy was not provided. As such, the request is not medically necessary.

Gym membership for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar.

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 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 a medical professional. There is no documentation of a failure of home exercise or the injured worker's need for specific equipment that would support the medical necessity for a gym membership. The request is not medically necessary.