

Case Number:	CM14-0111982		
Date Assigned:	08/01/2014	Date of Injury:	04/30/1995
Decision Date:	01/05/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 48-year old female with a work injury dated 4/30/95. The diagnoses include status post lumbar fusion for lumbar spondylolisthesis and lumbar spinal stenosis; lumbar radiculopathy; carpal tunnel syndrome. Under consideration are requests for physical therapy 3 times per week x 6 weeks; water therapy 2-3 x 6 weeks; and a gym membership for 12 months for lumbar spine. There is a 2/5/14 progress note that states that the patient attended 6 physical therapy treatments. She reports her low back feels 60 % of normal at this time. Since 1/16/14 her range of lumbar range of motion has increased from 30 to 50 percent in forward bending. From 20 to 70 percent side bending to the right; from 20 to 60 percent side bending to the left, 25 to 60% right rotation and 25 to 70% left rotation. Her abdominal strength increased from 3+/5 bilaterally to 4-/5 bilaterally. A 5/14/14 progress note states that the patient returns in order to review the results of an EMG/NCV test. She reports symptoms remain the same since her EMG/NCV. She describes symptoms of bilateral swelling of the feet. Even though her symptoms are constant, her sciatica has improved. The EMG/NCV reveals radiculopathy at L4-5 and L5-S1. She is 7-months status post instrumented fusion at the L4-5 and L5-S 1. On exam there is limited range of motion of the spine. The deep tendon reflexes are symmetrical at patella and Achilles without clonus. Sensation is normal to light touch in all four extremities. Gait and station are normal. Muscle strength and tone reveal normal bulk without spasticity, atrophy and clonus. Ranges of motion in other extremities except spine are normal. There is a 6/25/14 progress note where the patient reports that she is having severe neck pain and bilateral arm pain. She describes symptoms of lower back spasms most severe on the left side. She rates the pain as 9 out of 10 on the visual analog pain scale. These symptoms have been present since 1995. She is requesting a PT prescription for a Sport Center. Her meds include Naprosyn, Norco, Valium, Soma, Morphine

Sulfate, Diazepam, Percocet and Ibuprofen. Physical exam is unchanged from the 5/14/14 progress note. The document states that the patient is having upcoming knee surgery for the end of August. There is a request for the therapy under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times per week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy 3 times per week x 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for myalgia and myositis, unspecified and for neuralgia, neuritis, and radiculitis, unspecified. The request exceeds this recommended number. The documentation is not clear on why the patient needs supervised physical therapy. She has had prior lumbar physical therapy and should be versed in a home exercise program. The physical exam findings do not reveal strength deficits or range of motion deficits in the neck or extremities except for the lumbar spine. The request does not clarify which body part this physical therapy is for. Physical Therapy 3 times per week x 6 weeks is not medically necessary.

Water Therapy 2-3 x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, aquatic therapy Page(s): 98-99, 22.

Decision rationale: Water Therapy 2-3 x 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, foreexample extreme obesity. For recommendations on the number of supervised visits the MTUS recommends following the physical medicine guidelines of up to 10 visits for this condition. The request is not medically necessary. The request exceeds the recommendation of 10 visits for this condition. There is no documentation of why the patient requires aqua therapy over land therapy. There is a notation of upcoming knee surgery at the end of August in the June 2014 progress note but there are no physical exam findings supporting the need for aqua therapy. The request for water therapy 2-3 x 6 weeks is not medically necessary.

Gym membership for 12 months for Lumbar Spine: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic)-gym memberships

Decision rationale: Gym membership for 12 months for Lumbar Spine is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. 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. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for gym membership for 12 months for the lumbar spine is not medically necessary.