

<b>Case Number:</b>	CM14-0166159		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 56 year old female who sustained an industrial injury on 08/15/2008. The mechanism of injury was not submitted with the review. Her diagnosis is chronic low back pain and hi strain/sprain status post failed right arthroplasty in 09/2009. She continues to complain of low back pain. On exam there is decreased range of lumbar motion. Treatment in addition to surgery has included medical therapy and physical therapy. The treating provider has requested warm pool access for 1 year, gym access at PT facility for 6 months, complete blood count and metabolic chemistry profile, and additional physical therapy sessions (6) for the low back. The treating provider has requested warm pool access for 1 year, gym access at PT facility for 6 months, complete blood count and metabolic chemistry profile, and additional physical therapy sessions (6) for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Warm Pool Access for 1yr: 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), Low Back

**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

**Decision rationale:** Per the Official Disability Guidelines, a gym/pool membership is not recommended unless a home exercise program has not been effective and there is a need for specific equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as a gym membership with pool access is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership with pool access for the treatment of the claimant's chronic pain condition. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Gym Access at PT facility 6 months:** 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), Low Back

**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

**Decision rationale:** Per the Official Disability Guidelines, a gym/pool membership is not recommended unless a home exercise program has not been effective and there is a need for specific equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as a gym membership with pool access is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership with pool access for the treatment of the claimant's chronic pain condition. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Complete Blood Count, Metabolic Chem Panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** There is no documentation provided necessitating the requested laboratory studies. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. There is no specific indication provided for the requested laboratory studies. Medical necessity has not been established. The requested service is not medically necessary.

**Additional 6 physical Therapy Sessions Low Back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic low back pain. Recommendations state that for most patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed previous physical therapy sessions and there is no specific indication for 6 more sessions. Medical necessity for the requested additional 6 physical therapy sessions has not been established. The requested service is not medically necessary.