MAXIMUS Federal Services

Case Number:	CM14-0192708		
Date Assigned:	11/26/2014	Date of Injury:	09/27/2000
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Practice, 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:

65 yr. old male claimant sustained a work injury on 9/27/2000 involving the low back and right leg. He was diagnosed with lumbar disc disease and underwent a laminectomy. A progress note on 6/2/14 indicated the claimant had back pain radiating down to the legs with numbness in the right leg. Exam findings were notable for tenderness in the L4 spinous process, increased pain with flexion and extension, diminished reflexes in the right knee and left ankle and decreased sensation in the right lateral leg. He had been attending a pool exercise program 5 times a week and his membership had expired. He managed his pain with exercises, stretching, and a TENS unit. An extension for a gym membership was requested to continue using the pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year gym membership for pool exercises: Upheld

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

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

Decision rationale: According to the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy.

Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The amount of sessions is limited to 10 visits per the physical medicine guidelines. In this case, there was no indication that therapy cannot be performed on land. In addition, the claimant had undergone more than 10 prior pool sessions. The additional pool therapy is not medically necessary.