

Case Number:	CM14-0194182		
Date Assigned:	12/01/2014	Date of Injury:	10/28/2011
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 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:

The injured worker (IW) is a 46-year-old man who sustained a head injury and had consequent traumatic brain injury as a result of an assault or fall that occurred October 28, 2011. The current working diagnoses include occipital neuralgia; traumatic brain injury, status post subdural hematoma; PTSD; occipital neuralgia with myofascial component; and myofascial pain. Pursuant to clinical progress note dated October 17, 2014, the IW presents for a follow-up of balance and stability. The IW reports that he is having difficulty with bending forward and squatting without feeling light headed or blacking out. Therapy in the past was helping with body positioning and balance. The IW is unable to walk toe-to-toe, heel to toe or on tiptoes due to instability. He is unable to walk for longer than 10 minutes without feeling decreased strength, headaches, difficulty concentrating, and difficulty forming words. Physical examination reveals the IW walks with an unsteady gait. Cranial nerves II-XII revealed normal examination. Motor exam revealed normal results and strength was 5/5 in all planes. Current medications include Cymbalta 60mg, Depakote 500mg, Indocin 25mg, Lamictal 100mg, Lisinopril 10mg, Loratadine 10mg, Meclizine 25mg, Melatonin 3mg, Nortriptyline 25mg, Microzide 12.5mg, Nucynta 50mg, Omeprazole 20mg, Sumatriptan 50mg, Zohydro ER 10mg, and Humatrope injection. The treating physician is requesting authorization for [REDACTED] 1 year Gym Membership and physical therapy 2-3 times per week for 12 weeks. According to the UR documentation, a physical therapy note dated January 14, 2014 indicates that the IW has completed a total of 60 PT visits to date. The IW tolerated the sessions well.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████, 1 year gym membership: 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) 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, Gym Memberships

Decision rationale: Pursuant to the Official Disability Guidelines, ██████████, one year gym membership is not medically necessary. Gym memberships are not recommended 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 would not generally be considered medical treatment and will therefore not be covered under these guidelines. In this case, the injured worker is 46 years old. The working diagnoses are occipital neuralgia; traumatic brain injury, status post subdural hematoma; PTSD; occipital neuralgia with myofascial complement; and myofascial pain. Physical therapy treatment note indicates the injured worker had a total of 60 physical therapy visits. The injured worker has balanced deficits, bed mobility deficits, cognitive deficits, coordination/proprioception deficits, impaired activity tolerance, impaired sensation and pain limiting function. The treatment was tolerated well into the record goes to the gym for 20 to 30 minute workouts. He has been attending occupational therapy since October 2013. The documentation indicates the injured worker was attending gym memberships (supra) for 20 to 30 minutes. There is limited evidence of objective functional improvement and there is no indication the 20 to 30 minute workouts provide any significant benefit. Notably, gym memberships are not considered medical treatment and are not covered pursuant to the ODG. Consequently, ██████████ when your gym membership is not medically necessary.

Physical therapy sessions, two to three times per week for 12 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head Section, Physical Therapy

Decision rationale: Pursuant to the official disability guidelines, physical therapy sessions, two to three times per week for 12 weeks are not medically necessary. Patients should be formally assessed after six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and a number of visits exceeded the guidelines, exceptional factors should be noted. Patient rehabilitation after traumatic brain injury is divided into two periods: acute and subacute. In the beginning of rehab the physical therapist evaluates the patient's functional status and later uses means and methods of treatment and then evaluates the effectiveness of that treatment. In this case, the injured worker sustained a traumatic brain injury. He has continued difficulty with balance, mobility, cognition, etc. The physical therapy evaluations do not document objective functional improvement over the course of the treatment plan. The language in the physical therapy notations state patient "progressing, continue." Other language states "discontinue - patient will probably not be able to do this due to head injury." The documentation does not reflect significant overall objective functional improvement and consequently, an additional 36 physical therapy visits are not clinically indicated or medically necessary. Additionally, the physical therapy request is incomplete. The request enumerates the frequency and duration but not the areas to be treated. There was also a physical threat from the injured worker to the physical therapist (noted on page 31) that resulted in the therapist terminating the treatment relationship. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy sessions, two to three times per week for 12 weeks are not medically necessary.