

Case Number:	CM14-0204032		
Date Assigned:	12/16/2014	Date of Injury:	12/21/2012
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency 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 is a 21-year-old male, who sustained an injury on December 21, 2012. The mechanism of injury occurred when he was dragged by a truck. Treatments have included: physical therapy, medications. The current diagnoses are: lumbar disc degeneration, chronic low back pain syndrome. The stated purpose of the request for Additional physical therapy to the low back three times a week for six weeks was not noted. The request for Additional physical therapy to the low back three times a week for six weeks was denied on November 7, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for gym membership was to increase strength. The request for gym membership was denied on November 7, 2014, citing a lack of documentation of medical necessity. Per the report dated October 9, 2014, the treating physician noted complaints of low back and hip pain. Exam shows lumbar tenderness and spasm with equal reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the low back three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, ODG Physical Therapy. Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Additional physical therapy to the low back three times a week for six weeks, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has low back and hip pain. The treating physician has documented lumbar tenderness and spasm with equal reflexes. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Additional physical therapy to the low back three times a week for six weeks is not medically necessary.

gym membership: 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 Exercise. Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic. (Acute & Chronic), Gym Memberships.

Decision rationale: The requested gym membership is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG Low Back -Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program 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. The injured worker has low back and hip pain. The treating physician has documented lumbar tenderness and spasm with equal reflexes. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The criteria noted above not having been met, gym membership is not medically necessary.

