

Case Number:	CM14-0205619		
Date Assigned:	12/17/2014	Date of Injury:	09/22/1997
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old male with an injury date on 09/22/1997. Based on the 11/04/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbago 2. Improved sciatica. According to this report, the patient presents with "improved back pain and leg pain." Physical exam reveals decrease deep tendon reflexes of L4 and S1 bilaterally. No tenderness or spasms of the lumbar region are noted. Sensory and motor exam findings were negative. Treatment to date includes Lumbar epidural on 8/1/2014 and has great result. The treatment plan is to continue with HEP, requesting a new gym membership, refill medications: Vicodin for pain, ibuprofen for inflammation, and patient is to return in 6 weeks. The patient's work status is "permanent work restrictions. There were no other significant findings noted on this report. The utilization review denied the request for Self direct aquatic therapy; 6 month membership on 12/01/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 06/18/2014 to 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Self direct aquatic therapy; 6 month 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 Memberships, Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: Gym membership.

Decision rationale: According to the 11/04/2014 report, this patient presents with "improved back pain and leg pain." The current request is for Self direct aquatic therapy; 6 month membership "to improve ADL's and min medication usage." The MTUS guidelines do not address gym memberships. The ODG guidelines states, "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." In reviewing the provided report, the treating physician does not provide any rationale for gym membership and why the patient is not able to do home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treater fails to provide necessary documentation as guidelines recommend. Therefore, the request is not medically necessary.