MAXIMUS Federal Services

Case Number:	CM14-0208371		
Date Assigned:	12/22/2014	Date of Injury:	07/09/1990
Decision Date:	02/18/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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 & Rehabn

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 57 year old female with an injury date on 7/9/90. The patient complains of lessened lumbar spine pain, improving slowly after lumbar fusion surgery on 7/2/14 per 11/6/14 report. The patient describes her pain as rated 4/10 at the best, 5/10 most of the time, and 10/10 at its worst per 11/6/14 report. The patient also reports discomfort in the left/right/midline lower back and right buttock, numbness/discomfort in the left anterior thigh/knee, and left medial calf, left buttock, left posterior thigh, left posterior knee and left posterior calf per 11/6/14 report. Based on the 11/6/14 progress report provided by the treating physician, the diagnoses are:1. early postoperative, lumbar spine2. degenerative disc disease, lumbar spineA physical exam on 10/9/14 showed "range of motion of L-spine is limited to 25% in all planes." The patient's treatment history includes medications, home exercise program. The treating physician is requesting 1 year gym membership. The utilization review determination being challenged is dated 12/4/14 and denies request, citing a 11/11/14 report that states "she was instructed to continue the home exercise program she was given. There was no indication the patient's home exercise program was not working or that she needed special equipment." The requesting physician provided treatment reports from 1/30/14 to 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year of Gym membership: Overturned

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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Exercise Page(s): 22'; 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar / Knee / Shoulder Chapters: GYM membership. ODG: lumbar chapter, for Gym memberships.

Decision rationale: This patient presents with back pain and is s/p anterior lumbar fusion from L2 to S1 on 7/2/14. The treater has asked for 1 YEAR GYM MEMBERSHIP on 11/6/14. As patient's lumbar surgery was so extensive, she must wait 6 months postoperative to start physical therapy per 11/6/14 report. The treater is recommending the patient "begin a pool exercise program consisting of walking in the pool with water at chest level. This will help to strengthen her legs and low back and allow her to build up her walking tolerance" per 11/6/14 report. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. ODG states further: "In addition, treatment needs to be monitored and administered by medical professionals."In this case, the patient is s/p lumbar fusion surgery and the treater is requesting a gym membership for the 6 month duration stating that the patient will be unable to do land-based physical therapy. The treater's argument would appear to make medical sense in that the request is for a weight reduced exercises in water for 6 months before land-based exercises can be done. Given the needed water exercises, a gym membership with a pool for 6 months is consistent with the guidelines requirement. The request IS medically necessary.