

Case Number:	CM14-0025476		
Date Assigned:	06/13/2014	Date of Injury:	07/07/2005
Decision Date:	02/10/2015	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of July 7, 2005. A utilization review determination dated February 5, 2014 recommends noncertification of "one-year fitness athletic program with aquatic therapy and rehabilitation exercise." A progress report dated July 29, 2013 recommends continuing a home exercise program including stretching, conditioning, and postural control. A progress report dated January 10, 2014 identifies subjective complaints of increased pain in the back and neck. Physical examination findings reveal normal gait and tenderness around the lumbar spine. Diagnoses include lumbar disc disease, myofascial pain, joint pain in the knee, low back facet symptoms, muscle spasm, shoulder joint pain, chronic fatigue syndrome, insomnia, chronic pain, lumbar sprain, and lumbago. The treatment plan recommends continuing home-based exercise and medication. A progress report dated January 18, 2014 identifies subjective complaints which are largely illegible. The note states "when patient does try to be active, afterwards he ends up in bed due to pain flare." The treatment plan requests "fit athletics program for one year for a aquatic therapy and rehabilitation exercise."

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR FITNESS ATHLETIC PROGRAM WITH AQUATIC THERAPY AND REHABILITATION EXERCISE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99, and 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Low Back Chapter, Gym Memberships.

Decision rationale: Regarding the request for ONE YEAR FITNESS ATHLETIC PROGRAM WITH AQUATIC THERAPY AND REHABILITATION EXERCISE, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the 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. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. Additionally, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of such documentation, the currently requested ONE YEAR FITNESS ATHLETIC PROGRAM WITH AQUATIC THERAPY AND REHABILITATION EXERCISE is not medically necessary.