

<b>Case Number:</b>	CM14-0215105		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52-year-old female, who sustained an industrial injury on 12/31/2009, while employed as a sales manager. She reported a trip and fall, with immediate pain in her back, left leg, and groin. The injured worker was diagnosed as having lumbago. Treatment to date has included conservative measures, including diagnostics, medications, chiropractic, acupuncture, physical therapy (notes not submitted), and lumbar epidural steroid injections. Currently, the injured worker complains of constant low back pain, with radiation to her lower extremities, bilateral knee pain, occasional left ankle pain, and intermittent left groin pain. She reported difficulty with activities of daily living and reported the inability to ride her bike for long distances, stand in long lines, take long walks, wear heels, or go out dancing. Medications documented did not include those used for pain. Exam of the left ankle noted pain about the anterior talofibular ligament. Exam of the bilateral knees noted +1 atrophy and effusions, pain about the medial and lateral joint lines and patellar facets, positive crepitus, range of motion to 120 degrees, positive McMurray's test, and +1 instability in the left Lachman and Anterior Drawer ligaments. Exam of the lumbar spine was notable for decreased sensation over the L5-S1 dermatomes, positive straight leg raise, supine and sitting at 70 degrees. Radiographic testing was referenced for the bilateral knees, lumbar spine, and left ankle. The treatment plan included physical therapy, land and water based to include whirlpool therapy, and a 12 month gym membership, including a personal trainer. Her body mass index was not documented.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy and Aquatic therapy with whirlpool for the lumbar spine, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) aquatherapy.

**Decision rationale:** Utilization review denied the request for aquatic therapy (6 visits) based on lack of specific rationale/inability to benefit from land-based therapy, stating that two visits of land-based physical therapy may be appropriate. The Official Disability Guidelines discuss aquatic therapy in chronic back pain and given this patient's complicated history and the chronicity of her pain, 6 sessions of aquatic therapy may be reasonable as a treatment modality at this time, however, no recent documents have been provided to aid in decision-making. Recent evidence supports water based exercises producing improvements in disability and quality of life in patients with chronic low back pain. Per the MTUS guidelines, time to produce effect is estimated to be 4-6 treatments with manual therapy and manipulation, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, without recent evidence of a plan for reassessment/re-evaluation for functional improvement/efficacy, etc., and no clear indication for requesting aquatherapy (BMI indicative of severe obesity, etc.), the request for aquatic therapy cannot be considered medically necessary.

**One year gym membership with a personal trainer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Duration Guidelines, Low Back Chapter, 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) gym memberships.

**Decision rationale:** The MTUS does not discuss gym memberships, and therefore the ODG provides the preferred mechanism for assessment of medical necessity regarding the topic. The ODG states that 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; the provided records do not clarify these concerns and therefore do not provide sufficient evidence to support the request. Additionally, treatment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. While an individual exercise program is of course recommended, the current request given the provided records, cannot be considered medically necessary and appropriate.