

Case Number:	CM14-0218892		
Date Assigned:	01/08/2015	Date of Injury:	05/07/1999
Decision Date:	04/08/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

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 injured worker is a 61-year-old male who reported an injury on 05/07/1999. The mechanism of injury was not provided. Prior therapies included physical therapy and aquatic therapy. The injured worker was utilizing a TENS unit. The injured worker was noted to have 14 surgeries. The specifics were not provided. Documentation on 11/21/2014 revealed a handwritten note that was difficult to read. There was no physical examination submitted for review for the requested date. The request was made, however, for a gym membership and medications. The documentation of 11/07/2014 revealed the injured worker was being monitored for aberrant drug behavior and side effects. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy x8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22, and 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy when there is a necessity for reduced weight bearing. The clinical documentation submitted for review indicated the injured worker had previously attended aquatic therapy. There was a lack of documentation of objective functional benefit and remaining functional deficits. The request as submitted failed to indicate the body part to be treated with aquatic therapy. Given the above, the request for aqua therapy x8 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Gym membership for 1 year: 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), Low back- Lumbar and Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that Gym memberships and swimming pools, would not generally be considered medical treatment, and are therefore not covered under the disability guidelines. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for gym membership for 1 year is not medically necessary.