

Case Number:	CM15-0003546		
Date Assigned:	01/14/2015	Date of Injury:	01/21/2009
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: 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 62 year old male, who sustained an industrial injury on 1/21/2009. Injury identified involving neck and back, details not submitted. Treatment to date has included trigger point injection, physical therapy, and home exercise, details not submitted for review. Currently, the IW complains of increased back pain and sciatic pain. The IW reported inability to walk due to pain. Lumbar and cervical Range of Motion (ROM) was decrease 25-50% of normal. Positive right straight leg. Diagnoses included chronic neck and back pain, degenerative spine disease, right subacromial radicular syndrome, and right SI radiculopathy. Plan of care included epidural steroid injection, pool therapy, psychiatric treatment and a muscle relaxer. On 12/18/2014 Utilization Review non-certified a pool membership x six (6) months, noting the documentation did not include functional goals and did not indicate frequency. The ODG Guidelines were cited. On 1/7/2015, the injured worker submitted an application for IMR for review of pool membership x six (6) months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool membership times 6 months QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 7, 22. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back chapter, Gym Membership section

Decision rationale: The MTUS Guidelines do not address pool or gym memberships. The ODG does not recommend gym memberships 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 risk of further injury to the patients. Gym memberships, health clubs, swimming pools, athletic clubs, etc, would not generally be considered medical treatment. The medical records do not provide sufficient details of exercises that are necessary with frequency and duration, why a pool is necessary over land based exercises, and the functional goals with the use of pool membership. The request for Pool membership times 6 months QTY: 6.00 is determined to not be medically necessary.