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| Case Number: | CM15-0132188 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 10/08/2001 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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: Family Practice

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 50-year-old male, who sustained an industrial injury on 10/08/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical disc degeneration. Treatment to date has included diagnostics, low back surgeries, cervical epidural steroid injections, and rhizotomy at C5-C6 on 5/14/2015. Currently (6/01/2015), the injured worker reported doing quite well, with no complaints, when seen for follow up after rhizotomy. Objective findings noted that he was neurologically intact. It was documented that he had cervical pathology and the exercises he participates in the aquatic therapy program would be beneficial in providing strengthening modalities with low impact consequences. The treatment plan included a six-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. 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, Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter/ Gym memberships.

Decision rationale: According to the MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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. According to ODG, 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. In addition, treatment needs to be monitored and administered by medical professionals. Per ODG, 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 patient. In this case, the medical records do not establish that the injured worker is unable to safely and effectively perform a land based home exercise program and the medical necessity of gym membership is not established. The request for Six (6) month gym membership is not medically necessary and appropriate.