

Case Number:	CM15-0148116		
Date Assigned:	08/11/2015	Date of Injury:	07/14/2003
Decision Date:	09/08/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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:

This 59 year old man sustained an industrial injury on 7-14-2003. The mechanism of injury is not detailed. Diagnoses include status post right shoulder surgery, left shoulder glenohumeral joint arthrosis, status post left ulnar nerve surgery, status post lumbosacral surgery, and psychiatric complaints. Treatment has included oral medications, aquatic therapy, weight loss program, surgical interventions, and acupuncture. Physician notes dated 5-5-2015 show complaints of low back pain with radiculopathy down the bilateral lower extremities. Recommendations include pain management consultation, epidural steroid injections, facet injections, future possible dorsal rhizotomy, Tizanidine, cyclobenzaprine, pool or gym membership, and future consultation for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/pool membership trail for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-lumbar & thoracic, gym memberships.

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/Exercise and Gym Programs.

Decision rationale: MTUS Guidelines do not directly address this issue. ODG Guidelines address this issue and in general they do not support unsupervised gym programs. However, the Guidelines do allow for exceptions when special needs exist such as an inability to bear weight for a reasonable length of time which appears to apply to this individual. If an individual qualifies under special circumstances, the Guidelines recommend specific recommendations regarding what equipment is needed and how progress is to be monitored. These issues are not addressed in this request. A reasonable argument can be made for aquatic based exercises, but there is no documentation of what other equipment only found in a gym setting would be medically necessary and why a gym membership would be necessary vs. access to a pool. The request lacks the specificity that is necessary to qualify for Guideline support. Under these circumstances, the gym/pool membership trial for the lumbar spine is not medically necessary.