

Case Number:	CM15-0183108		
Date Assigned:	09/24/2015	Date of Injury:	01/15/1983
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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, North Carolina
 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:

This injured worker is a 59 year old male, who sustained an industrial injury on 01-15-1983. The injured worker was diagnosed as having chronic pain syndrome, lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, lumbar spondylosis, lumbar sacral radiculitis and lumbar post-laminectomy syndrome. On medical records dated 08-17-2015 and 06-05-2015 subjective complaints were noted as chronic low back pain, associated symptoms were noted as left lower extremity weakness, tingling and numbness in the left lower extremity. Objective findings the lumbar-lumbosacral spine revealed tenderness over midline of lumbar spine and straight leg test was positive on the left. Treatment to date included exercise in pool at YMCA, medication and surgical intervention. Current medication was listed as Baclofen, Lidoderm, Metoprolol Succinate ER, Cymbalta and Hydrocodone. The Utilization Review (UR) was dated 09-04-2015. A request for 6 month gym membership and 1 aquatic therapy referral as submitted. The UR submitted for this medical review indicated that the request for 6 month gym membership and 1 aquatic therapy referral was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Gym memberships (2015).

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 ODG does not recommend gym memberships. In this case, there was a lack of documentation of exceptional factors to support non-adherence to guideline recommendations. Gym memberships are not recommended as a medical prescription unless a home exercise program has been ineffective and there is a need for specialized equipment. Treatment should also be monitored and administered by medical professionals. In this case, there is no evidence that a home exercise program has been ineffective or that specialized equipment is required. Therefore, the request for a 6 month gym membership is not medically necessary or appropriate.

1 aquatic therapy referral: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: CA MTUS Guidelines recommend aquatic therapy as an optional form of exercise, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example with extreme obesity. In this case, there is no specific need for aquatic therapy versus land-based physical therapy programs. In addition, there is no evidence of morbid obesity requiring decreased weight bearing. Therefore, the request is not medically necessary or appropriate.