

Case Number:	CM15-0183476		
Date Assigned:	09/24/2015	Date of Injury:	08/14/1998
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
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

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 69 year old female, who sustained an industrial injury on 8-14-1998. The medical records indicate that the injured worker is undergoing treatment for fall with multiple injuries, lumbar sprain, chronic pain syndrome, lower extremity weakness, and rule out spinal myelopathy-spinal cord compression, cervical, thoracic, lumbar contributing to the low back condition and weakness, and numbness and tingling of the bilateral upper extremities. According to the progress report dated 8-18-2015, the injured worker presented with complaints of pain, rated 2-8 out of 10. She notes some interval improvement. She can sit and stand for 20 minutes, walk 15 minutes, and lift 4 pounds. She attributes the benefit from swimming and hot tub at the gym. The physical examination reveals tenderness in the mid and low back. She is noted to have a guarded gait. The current medications are Gabapentin, Cyclobenzaprine, Lortab, Diazepam, Bupropion, Mirtazapine, and Voltaren gel. Previous diagnostic studies include x-rays.

Treatments to date include medication management and aqua therapy. Work status is described as permanent and stationary. The original utilization review (9-1-2015) had non-certified a request for 1 year pool-gym membership and service evaluation for scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Pool/Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership.

Decision rationale: The patient presents with ongoing neck and back pain. The request is for 1 YEAR POOL/GYM MEMBERSHIP. The request for authorization is dated 08/18/15. X-ray of the cervical spine, 07/21/15, shows mild multilevel degenerative disc disease. X-ray of the thoracic spine, 07/21/15, shows multilevel disc disease and mild compression deformities. X-ray of the lumbar spine, 07/21/15, shows multilevel degenerative disc disease and facet arthrosis with associated alignment abnormalities. Physical examination reveals tenderness midback and particularly low back. She has guarded gait. She is encouraged that she has made some interval improvement. She attributes the benefit from the swimming and hot tub at the gym. Patient's medications include Aspirin, Nystatin, Benazepril, ProAir HFA, Voltaren, Mirtazapine, Sumatriptan, Bupropion, Savella, Diazepam, Lortab, Cyclobenzaprine, and Gabapentin. Per work status report dated 09/17/15, the patient is on modified duty. MTUS Guidelines, Aquatic therapy section, page 22 states: "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. For recommendations on the number of supervised visits, see Physical medicine." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Per progress report dated 08/18/15, treater's reason for the request is "It is one of the few things that she can do since she has ongoing low back pain increasing with standing, walking, and substantial fall risk." However, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. Additionally, there are no details nor discussion about the need for the use of specialized equipment such as a pool and the medical necessity for a pool is not established. Furthermore, there are no plans for medical supervision at the gym. ODG does not support gym memberships unless there is a need for a special equipment such as a pool to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.

Service evaluation for scooter: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: The patient presents with ongoing neck and back pain. The request is for SERVICE EVALUATION FOR SCOOTER. The request for authorization is dated 08/18/15. X-ray of the cervical spine, 07/21/15, shows mild multilevel degenerative disc disease. X-ray of the thoracic spine, 07/21 15, shows multilevel disc disease and mild compression deformities. X-ray of the lumbar spine, 07/21/15, shows multilevel degenerative disc disease and facet arthrosis with associated alignment abnormalities. Physical examination reveals tenderness midback and particularly low back. She has guarded gait. She is encouraged that she has made some interval improvement. She attributes the benefit from the swimming and hot tub at the gym. Patient's medications include Aspirin, Nystatin, Benazepril, ProAir HFA, Voltaren, Mirtazapine, Sumatriptan, Bupropion, Savella, Diazepam, Lortab, Cyclobenzaprine, and Gabapentin. Per work status report dated 09/17/15, the patient is on modified duty. Power Mobility Devices under MTUS pg 99 states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." Per progress report dated 08/18/15, treater's reason for the request is "The scooter is substantially helpful, but it runs out of battery power, and it needs service. Recommend reviewing for upgrade to something with longer range and more suitable. She has had this one on the order of 10+ years." The patient's diagnoses includes lower extremity weakness and bilateral upper extremity numbness and tingling per [REDACTED] neurosurgeon. MTUS allows for power mobility devices when cane, walker or manual wheelchair is not feasible due to upper extremity weakness. In this case, given the battery issue and need for service of the current scooter, an Evaluation to determine suitability of a new scooter appears reasonable. Therefore, the request IS medically necessary.