

Case Number:	CM15-0197626		
Date Assigned:	10/13/2015	Date of Injury:	03/30/2012
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey

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 56 year old female who sustained an industrial injury on 03-30-2012. According to a progress report dated 09-22-2015, the injured worker had not been seen in 1 ½ years. The provider noted that it was not clear where she had been going for care and medications in the interim. She continued to see a therapist on a regular basis. Her symptoms were "largely unchanged". She did not need medications refilled. She was taking Gabapentin once daily. She took her last Norco one week prior. There was no recent lab work and no urine toxicology screen. She reported that aqua therapy and a gym membership had been "very helpful" in the past for her symptoms. Diagnoses included anxiety state unspecified, unspecified acute reaction to stress, hypertension and hypertensive disorder. Assessment included work related stress, anxiety, hypertension and intermittent cardiac arrhythmias stable. The treatment plan included continuation of current medications, one-year gym membership and aqua therapy. Follow up was indicated in 3 months. An authorization request dated 09-24-2015 was submitted for review. The requested services included 1-year gym membership-aquatics. On 09-29-2015, Utilization Review non-certified the request for gym membership 12 month and aqua therapy 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Lumbar Spine, 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) Lower Back section, Gym memberships.

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for an injury. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, the recent note at the time of this request did not include a diagnosis, physical examination finding, or subjective complaint, which would require physical therapy. If this was by mistake, regardless, there was insufficient reporting found regarding how effective the gym membership and aquatic therapy was and by whom this was being supervised and monitored (or planned). Also, there was no explanation as to why home exercises would not be sufficient for her needs. Therefore, this request will be considered as medically unnecessary without the right supportive documentation to justify it. Therefore, the request is not medically necessary.

Aqua Therapy, 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In

the case of this worker, there was insufficient supportive documentation provided to help justify this request for 1 year of aquatic therapy. There was no mention of who would supervise this exercise, what the goals were, what body areas were needing the therapy, no functional baseline documented, and no explanation as to why aquatic therapy would be necessary over land-based home exercises at this point. Therefore, considering the above factors, this request will be considered medically unnecessary at this time.