MAXIMUS Federal Services

Case Number:	CM15-0030064		
Date Assigned:	02/23/2015	Date of Injury:	06/18/2007
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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 was a 57 year old female, who sustained an industrial injury, June 7, 2007. According to progress note of January 26, 2015, the injured workers chief complaint was neck pain and lower backache. The injured worker rated the pain 9 out of 10 without pain medication and 6 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. A coccyx injection provided significant pain relief. The injured worker was frustrated of not being able do things that the injured worker felt should be able to do. The physical exam noted a decrease in range of motion limited to flexion of 50 degrees, extension 15 degrees do to pain. There was tenderness noted over the paravertebral muscles, hypertonicity, tenderness and tight muscle band noted on both sides. The straight leg raise was positive on the right. Lumbar facet loading was positive on both sides. There was pain over the coccyx region. The injured worker was diagnosed with low back pain, disc disorder, lumbar radiculopathy and shoulder pain. The injured worker previously received the following treatments Trazodone, Zoloft, Flexeril, Gabapentin, Imitrex, Norco, Omeprazole, coccyx injection, MRI of the lumbar spine, MRI of the right shoulder and physical therapy. The primary treating physician requested authorization for gymnasium membership for 6 months to do water exercises and use the whirlpool device.On February 4, 2015, the Utilization Review denied authorization for gymnasium membership for 6 months to do water exercises and use the whirlpool device.The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months to do water exercise and use whirlpool device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability, Low Back Chapter, Gym memberships.

Decision rationale: According to the MTUS guidelines, 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 is 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual 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. 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 participate in an independently applied home land based exercise program. The request for gym membership for 6 months to do water exercise and use whirlpool device is not medically necessary.