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| Case Number: | CM15-0031451 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 09/08/2004 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: Florida

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 44 year old female, who sustained an industrial injury on September 8, 2004. Her diagnoses include lumbar posterior laminectomy syndrome and status post removal of hardware April 8, 2014. The records show she underwent aquatic therapy from July 23, 2014 to September 3, 2014. On December 9, 2014, her treating physician reports she is able to walk had decreased from three miles to one mile since stopping aquatic therapy. She can use the pool at the gym for self-directed aquatic therapy. On January 3, 2015, her treating physician reports constant throbbing, aching over the sacrum and buttocks, greater on the left than the right, with radiation down bilateral legs to the lateral aspect of the ankles, greater on the left than the right. The pain goes into the lumbar when standing. She has difficulty with standing for long periods, walking distances, sitting for more than 30 minutes, and lifting medium weight objects. The physical exam revealed a normal gait, able to get on heels and toes without difficulty, a straight and symmetrical back with a scar, lumbosacral junction and posterior superior iliac spine tenderness to palpation, no spasms, negative Faber's and pelvic compression, moderately decreased range of motion, extension and flexion were painful, positive left straight leg raise at 60 degrees, and normal muscle strength in the lower extremities. There were positive trigger points with a palpable band and a twitch, with referred pain in the bilateral gluteus at the level of the cornu and in the left gluteus at just below the iliac crest. There were decreased deep tendon reflexes of the bilateral quadriceps femoris and Achilles. The dorsum of the left foot had decreased sensation to pinprick. The treatment plan includes a one year membership for the pool and gym. n February 5, 2015, Utilization Review non-certified a request for a one year

membership for the pool and gym, noting the patient's walking tolerance was improved by prior aquatic therapy and the patient can only walk a short distance since stopping the aquatic therapy. In addition, the patient's self-directed exercise program requires a pool. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year membership for the pool and gym: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 01/30/15) Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective Am Fam Physician. 2012 Aug 1; 86(3):280-282.

Decision rationale: The California MTUS guidelines, ODG, and ACOEM are all silent on the issue of gym memberships. There are no substantial studies available that compare physical results achieved in the gym setting versus the home setting that are well recognized by the leading medical authorities in primary care. This patient can continue his exercise efforts in the home setting just as well as in the gym setting. This request for a year's gym membership is considered not medically necessary.