MAXIMUS Federal Services

Case Number:	CM15-0046204		
Date Assigned:	03/18/2015	Date of Injury:	04/08/2005
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for chronic knee, leg, low back, and neck pain reportedly associated with an industrial injury of December 18, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; unspecified amounts of physical therapy; a TENS unit; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 25, 2015, the claims administrator failed to approve a request for aquatic therapy and a gym membership while apparently approving Cymbalta and Zoloft. February 13, 2015 progress note and associated RFA form of February 16, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a March 12, 2015 progress note, the applicant's psychiatrist renewed prescription for Cymbalta and Zoloft. Aquatic therapy and a gym membership were endorsed on the grounds that these could benefit the applicant physically and psychologically. The applicant's gait and ambulatory status were not clearly detailed, it was acknowledged. Similarly, an earlier note dated February 13, 2015, the applicant was asked to continue Zoloft, Cymbalta, and Ambien. The applicant's work status was not detailed. Aquatic therapy and a gym membership were proposed. The applicant's gait, once again, was not described by the applicant's psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 1-2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: No, the request for aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant's gait was not described on multiple office visits, referenced above, on February 13, 2015 and March 12, 2015. It was not clearly stated or clearly established why the applicant could not perform land-based therapy and/or land-based exercise. Therefore, the request was not medically necessary.

Gym membership for 3-6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for a three to six-month gym membership was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of treatment process. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM, in fact, consider gym memberships in the like articles of applicant responsibility as opposed to article of payer responsibility. Here, the attending provider did not clearly state why the applicant could not perform self-directed home based physical medicine of his own accord without the formal gym membership at issue. There was no mention made of any specific need for or access to specialized equipment made via the proposed gym membership. Therefore, the request was not medically necessary.