

Case Number:	CM15-0085522		
Date Assigned:	05/08/2015	Date of Injury:	02/17/2012
Decision Date:	06/16/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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, North Carolina
 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 62-year-old female, who sustained an industrial injury on 02/17/2012. She reported that she sustained injuries to the right shoulder, right cervical spine, and lumbar spine secondary to moving boxes. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. Treatment and diagnostic studies to date has included bilateral lumbar three to four and lumbar four to five transforaminal epidural steroid injections, aquatic therapy, physical therapy, chiropractic therapy, orthopedic evaluation and treatment, x-rays, magnetic resonance imaging of the lumbar spine, status post right shoulder arthroscopy, acupuncture, and medication regimen. In a progress note dated 02/18/2015 the treating physician reports complaints of constant to occasional, sharp, low back pain that radiates to the to the bilateral lower extremities with numbness and weakness of the bilateral knees. The pain is rated an 8 to 9 out of 10. The examination noted diffuse tenderness with guarding over the lumbar paravertebral muscles and moderate facet tenderness over the lumbar three to five level, antalgic right sided gait, decreased sensation to pain, temperature, light touch, vibration, and two point discrimination to the bilateral lumbar three through lumbar five dermatomes, and an exacerbated heel to toe walk on the right. The treating physician requested aquatic therapy two times a week for six weeks to avoid further injury and reconditioning of the lumbar spine. The treating physician also noted that the injured worker noted that previous aquatic therapy had assisted her in the recent past, but

the documentation provided did not indicate if the injured worker had any functional improvement secondary to this treatment. The treating physician also requested a one-year gym membership and pool membership to allow for self-guided daily exercises and stretches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Guidelines recommend aquatic therapy as an alternative to land-based PT when decreased weight bearing is desirable. In this case, there is no rationale for the need for decreased weight bearing. There is no indication that the patient cannot perform land-based therapy. There is also no indication that the patient has failed a home exercise program. Therefore, the request for aquatic therapy is not medically necessary.

1 year Gym membership and pool membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership.

Decision rationale: The CA MTUS does not address gym memberships. The ODG does not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In this case, there is no documentation that a home exercise program has failed or not been effective and there is no need for specialized equipment detailed. Thus, this request is deemed not medically necessary.