MAXIMUS Federal Services

Case Number:	CM15-0086847		
Date Assigned:	05/11/2015	Date of Injury:	04/29/2010
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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, Massachusetts
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 injured worker is a 39-year-old female, who sustained an industrial injury on 4/29/10. She reported back pain. The injured worker was diagnosed as having intractable acute or chronic back pain, neck pain, history of back injuries and low back pain, history of multiple back surgeries, and chronic pain syndrome with daily narcotic dependency. Treatment to date has included L4-S1 fusion on 2/20/11, a spinal cord stimulator trial, a functional restoration program, occupational therapy, physical therapy, and medications such as Oxycodone, Methadone, Ibuprofen, Baclofen, and Gabapentin. According to 11/24/14 follow-up clinic note, she states that she fell down the stairs a couple of weeks ago and feels unsteady. Unclear why she has been falling. According to extensive PT evaluation on 3/17/15 for decline in strength, mobility and gait issues, the injured worker is noted to have difficulty performed dressing activity, is at risk for falls and difficulty transferring with impaired mobility. Currently, the injured worker complains of pain in the right leg, right knee, low back and groin. The treating physician requested authorization for a gym membership with a pool, physical therapy with pool x 12 sessions, and a walk-in shower.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with a pool (duration unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Lumbar spine/ gym membership.

Decision rationale: According to ODG, CA MTUS and ACOEM are silent, gym membership is "not recommended as a medical prescription unless 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." According to my review of the records, there is no indication that a home exercise program has been attempted and been non-effective; additionally there is no documentation of a specific need for gym equipment for rehabilitation. The request for gym membership does not outline a monitored treatment program that is administered by medical professionals. Consequently, the provider's request for a gym membership does not meet the cited guidelines. This request is not medically necessary.

Physical therapy with pool 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of approximately 10 PT visits over 8 weeks. For this injured worker do to decrease in mobility and physical limitations, a trial of pool therapy would be clinically warranted. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are indicated. The peer reviewer states: "the request is for passive and not active physical therapy. The use of active treatment modalities instead of passive treatments is associated with better clinical outcomes." While this is true, due to the injured workers significant restrictions in mobility, initial course of treatment with passive therapy leading to active therapy is indicated. The reviewer also states that since the injured worker was injured in 2010 she "would be expected to be independent in a home exercise regimen". As evidenced by the clinical notes, which indicate the injured workers inability to independently transfer and ambulate around her home, it is clear that she is not able to be independent in a home exercise regimen at this time. As such, this is not contra-indication to the requested pool therapy. This request is medically necessary.

Walk-in-shower: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): physical modalities.

Decision rationale: According to the clinical records provided, the injured worker has difficulty with transfers including transfers to bath, has felt week, and has unsteady gait, which has resulted in fall injury. Considering the physical limitations as recorded in the physical therapy note, rehab summary, and clinic note, the injured worker would be safer with a walk-in shower. This would decrease fall risk, associated costs, improve independent transfers, and reduce associated expenses of a home health aide. Consequently, the walk in shower is medically appropriate. The peer reviewer states that this intervention is not supported as the 4/7/15 clinic note did not specify medical necessity; however form the other clinic records provided including 11/24/14 and 3/17/15 clinic and PT notes, medical necessity is clearly demonstrated. This request is medically necessary.