

Case Number:	CM14-0115389		
Date Assigned:	09/18/2014	Date of Injury:	05/06/2002
Decision Date:	10/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 71 years old female, who has submitted a claim for lumbosacral degenerative disc disease associated with an industrial injury date of May 6, 2002. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to her right buttock and left leg. Physical examination of the low back revealed that the patient can forward flex to 30 degrees and extend to 10 degrees. Right and left straight leg raise are both 80 degrees causing some right-sided back pain. The patient has an antalgic posture with palpable rigidity in the lumbar trunk suggesting muscle spasm. CT of the lumbar spine done on June 27, 2012 showed mild to moderate rotoscoliosis and mild foraminal stenosis at L2-L3. Treatment to date has included medications, post-op physical therapy and back surgery. Utilization review from July 17, 2014 denied the request for 12 Sessions of physical therapy because the patient should be on home exercise program. The request for 3 month gym membership with pool access was also denied because the patient is not prepared to be in an unsupervised program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of CA MTUS Chronic Pain Medical Treatment Guidelines, it stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient was prescribed Physical Therapy for strengthening exercise for her back. Progress notes reviewed that the patient had physical therapy post-operatively last 2013. Hence, it is unclear why the patient cannot tolerate self-directed home exercise program. Moreover, body part to be treated is not specified. Therefore, the request for 12 sessions of physical therapy is not medically necessary.

3 month gym membership with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Membership

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, gym membership with pool access was requested to facilitate rehabilitation of the patient's lower back. Progress notes showed that the patient tried pool therapy, however the patient cannot move due to pain. In addition, there's no assurance that a gym membership can facilitate a program supervised by a medical practitioner. Likewise, there was no documentation that there was a failure of home exercise program. Therefore, the request for 3 month gym membership with pool access is not medically necessary.