MAXIMUS Federal Services

Case Number:	CM14-0124255		
Date Assigned:	08/08/2014	Date of Injury:	05/05/1998
Decision Date:	10/27/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 5, 1998. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 22, 2014, the claims administrator approved a dental consultation while denying eight sessions of aquatic therapy and a gym membership. The applicant's attorney subsequently appealed. In a handwritten note dated December 3, 2013, difficult to follow, not entirely legible, the applicant apparently presented with multifocal pain complaints, including low back pain, wrist pain, and jaw pain. The applicant was not working; it was acknowledged and had apparently taken her retirement. The applicant is a walker to move about. The applicant only completed 3 of 10 sessions of aquatic therapy previously authorized, it was noted. The applicant was using Norco and Mobic for pain relief. A slow, guarded gait was noted. Per the claims administrator's medical evidence file, the December 3, 2013 progress note was the latest, most recent progress note incorporated into the Independent Medical Review packet. The claims administrator, in its Utilization Review Report, however, did apparently refer to a Request for Authorization form dated June 30, 2014 and a progress note of the same date in its Utilization Review Report.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of 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 (ODG) Low Back, Gym Memberships

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the attending provider's progress note of June 30, 2014 on which this article was sought was apparently not incorporated into the Independent Medical Review packet. The information which is on file, thus, does not support or substantiate the request and/or offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

8 Sessions of Aquatic Therapy (twice a week for four 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, 8.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. No recent clinical progress notes were incorporated into the Independent Medical Review packet, including the June 30, 2014 progress note on which the article in question was sought. The applicant had previously received authorization for 10 sessions of physical therapy; it was stated on a December 2013 progress note. The applicant's response to the earlier aquatic therapy treatment in terms of the functional improvement measures established in MTUS 9792.20f was not clearly outlined, although, it is acknowledged that the progress note on which the article at issue was sought was not incorporated in the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.