

Case Number:	CM14-0132176		
Date Assigned:	08/22/2014	Date of Injury:	01/31/2005
Decision Date:	09/24/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation 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:

This 69 year-old patient sustained an injury on 1/31/05 while employed by [REDACTED]. Request(s) under consideration include Pool and Gym Membership x 1 year. Diagnoses include lumbar spinal stenosis s/p L4-5 decompression with fusion at L2-4; s/p arthroscopic partial lateral meniscectomy, chondroplasties of medial femoral epicondyle, lateral tibial plateau, and medial patella facets (undated). The patient has remained Permanent and Stationary and continues to treat for chronic symptoms. Report of 7/31/14 from the provider noted the patient with significant benefit from aquatic exercises and has completed all authorized visits. The patient wanted to focus on her lower back and has deferred knee arthroplasty. The patient continues to follow psychological and otolaryngology evaluations with specialists. The patient has ongoing chronic symptom complaints. Exam showed lower back tenderness; use cane for ambulation; positive bilateral SLR. Medications list Hydrocodone, Ibuprofen cream, and Omeprazole. The request(s) for Pool and Gym Membership x 1 year was non-certified on 8/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and Gym Membership x 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships, page 225.

Decision rationale: This 69-year-old patient sustained an injury on 1/31/05 while employed by [REDACTED]. Request(s) under consideration include Pool and Gym Membership x 1 year. Diagnoses include lumbar spinal stenosis s/p L4-5 decompression with fusion at L2-4; s/p arthroscopic partial lateral meniscectomy, chondroplasties of medial femoral epicondyle, lateral tibial plateau, and medial patella facets (undated). The patient has remained permanent and Stationary and continues to treat for chronic symptoms. Report of 7/31/14 from the provider noted the patient with significant benefit from aquatic exercises and has completed all authorized visits. The patient wanted to focus on her lower back and has deferred knee arthroplasty. The patient continues to follow psychological and otolaryngology evaluations with specialists. The patient has ongoing chronic symptom complaints. Exam showed lower back tenderness; use cane for ambulation; positive bilateral SLR. Medications list Hydrocodone, Ibuprofen cream, and Omeprazole. The request(s) for Pool and Gym Membership x 1 year was non-certified on 8/9/14. It can be expected that the patient been instructed in an independent home exercise program to supplement the formal physical therapy previously rendered and to continue with strengthening post discharge from PT for this chronic injury of 2006. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The Pool and Gym Membership x 1 year is not medically necessary and appropriate.