

Case Number:	CM14-0133763		
Date Assigned:	08/27/2014	Date of Injury:	11/01/2000
Decision Date:	09/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 54-year-old male patient with date of injury 11/1/00. The mechanism of injury was fall down a steep hill while at work, injuring his left knee and lower back. The recent PTP notes from 7/8/14 stated that the patient complains in the spinal cord and left knee. He reported that the knee often gives way, and he has had near falls. Objective findings: the patient had a stiff gait, favoring the left side. The cervical and lumbar spine was tender to palpation with muscle rigidity. He has limited ROM, decreased sensation to pinwheel in the C6 dermatome on the left vs. the right. The mid spine had mild swelling and effusion over the spinous processes. The left knee was mildly swollen, the ROM is mildly decreased, and there was moderate pain to palpation on the lateral and medial joint line. There was crepitus throughout the ROM. Diagnostic impression: S/P laminectomy and discectomy L5-S1, Severe radiculopathy left lower extremity with probable complex regional pain syndrome, Degenerative disc disease with protrusions and facet arthroscopy at L3-L4, L4-L5, S/P meniscectomy left knee with probable intra-articular damage and degenerative post-traumatic arthrosis, Cervical spondylosis primarily at the C4-C5 and C5-C6 level, and S/P placement of dorsal column stimulator in the thoracic spine at or about T9-T11 with generator on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year membership to a gym with a pool: Upheld

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

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.

Decision rationale: CA-MTUS Guidelines do not address this issue. 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. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. In the case of this patient's request, there is no documentation of prescribed exercises to be performed, specific goals to be accomplished in a certain time frame, and supervision such that there would be feedback back to the treating physician. Based on the lack of the above stated information, there was not enough information to substantiate the request. In addition, the request for a 1-year gym membership is excessive. Therefore, the request for 1 year membership to a gym with a pool was not medically necessary.