

Case Number:	CM14-0151436		
Date Assigned:	09/19/2014	Date of Injury:	05/31/2006
Decision Date:	10/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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:

The injured worker is a 62 year old male with a history of lumbar spine degenerative disc disease, post-laminectomy syndrome and diabetes mellitus. He was seen for follow-up on 8/22/14 for low back pain. The date of injury was 5/31/2006, but the mechanism of the injury is not provided. The treating physician's note indicated that the injured worker's low back pain was chronic in nature. The injured worker was also experiencing pain in the right L4-5 distribution. This pain was rated 7/10 in intensity and was aggravated by sitting, standing and walking. The treating physician note indicates that the injured worker's gym membership expired and that he was using the pool for exercise, given his weight. His medications included Neurontin, Dilaudid, Norco, and Lyrica. The physical examination showed tenderness to palpation of the lumbar spine paravertebral muscles, facet joints and sacroiliac joints. The seated straight leg raise was negative. The plan included continuation of medications for control of pain and a gym membership for an exercise program that entailed aquatic therapy. This is due to the fact that the injured worker was not able to perform a land based exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership: 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 Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Like physical therapy, when aquatic therapy or the means by which to perform it (i.e. gym membership) is prescribed, it must be done so for a defined number of visits and supervised by a health care professional. Therefore, the requested 6 month gym membership for the purpose of providing unsupervised aquatic therapy is not medically necessary.