

Case Number:	CM14-0160662		
Date Assigned:	10/06/2014	Date of Injury:	04/25/2000
Decision Date:	11/13/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine and is licensed to practice in Florida. 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 56 year old female who reported an injury on 04/25/2000. The mechanism of injury was not specified. Her diagnoses were noted to include myalgia and myositis. Past treatments included medications and aquatic therapy. On 05/12/2014 it was noted the injured worker had complaints of "total body pain", neck pain which radiated to bilateral shoulders, and upper back and arm pain. Upon physical examination, no new joint swelling or rheumatoid arthritis deformities were noted. Her medications were noted to include Tramadol though dosage and frequency were not provided. The treatment plan was noted to include medications and gym membership. The request was received for 1 year [REDACTED] gym membership with aquatic therapy access ([REDACTED]) without a rationale. The Request for Authorization was not provided in the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year [REDACTED] gym membership with aquatic therapy access: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Gym membership.

Decision rationale: The request for 1 year [REDACTED] gym membership with aquatic therapy access is not medically necessary. According to the California MTUS Guidelines, aquatic therapy is recommended as an alternative form of therapy compared to traditional land-based physical therapy when an injured worker presents with weight bearing limitations or is severely obese. The documentation provided did not contain pertinent information regarding this injured worker's weight bearing status and it is not evident that she is obese. There was also a lack of documentation describing the efficacy of prior aquatic therapy. The amount of aquatic therapy visits the injured worker previously underwent was also not provided. According to the Official Disability Guidelines, gym memberships are recommended as a medical prescription if there is proof of a home exercise program. The approved use of a gym membership must be monitored and administered by medical professionals. Furthermore, the Official Disability Guidelines state that gym memberships and swimming pools are not usually considered medical treatment and, therefore, are not covered in the guidelines. The documentation lacks information showing whether the injured worker is participating in a home exercise program or if the aquatic therapy is monitored and implemented by medical professionals. The request submitted is not supported by the guidelines due to lack of documented functional gains and weight bearing status, details regarding the aquatic therapy program, and adjunct therapies to include home exercise programs. Therefore, the request is not medically necessary.