

Case Number:	CM14-0094076		
Date Assigned:	07/25/2014	Date of Injury:	03/14/2011
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

Patient is a 48-year-old female who has submitted a claim for degeneration of intervertebral disks of the lumbar spine, displacement of the cord without myelopathy, anxiety, and depressive disorder associated with an industrial injury date of 3/14/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity, graded 5 to 7/10 in severity. Patient reported numbness and tingling sensation of the right lower extremity. Patient is overweight. Physical examination showed diminished sensation on the right L5 to S1 dermatomes. Gait was antalgic. Motor strength of peroneus brevis was graded 5-/5 bilaterally. Achilles reflexes were graded 1+. Treatment to date has included right-sided lumbar laminotomy at L5 to S1 and nerve root decompression in 2012, physical therapy, and medications. Utilization review from 5/20/2014 denied the request for gym membership for one year with access to a pool because of insufficient documentation of failed land based therapy and no documentation of patient's inability to tolerate a gravity resisted therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one year with access to a pool: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 13, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Aquatic Therapy Page(s): 22-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. ODG states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the documented rationale for gym membership was to help rehabilitate and potentially return the patient to work in a larger capacity. However, there was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. Furthermore, there was no indication why the employee could not participate in a land-based physical therapy program. Therefore, the request for Gym membership for one year with access to a pool is not medically necessary.