

Case Number:	CM14-0210768		
Date Assigned:	12/23/2014	Date of Injury:	10/18/2011
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 patient is a 55 year-old female. The patient's date of injury is October 18, 2011. The mechanism of injury was lifting a paraplegic patient, which resulted in injury. The patient has been diagnosed with right shoulder status post arthroscopic rotator cuff debridement, SLAP repair, SAD and Mumford procedure, rotator cuff tear, elbow sprain, wrist sprain, lumbosacral facet arthrosis, right knee sprain, and left knee degenerative arthrosis with possible meniscal tear. The patient's treatments have included surgical intervention, therapy, imaging studies, and medications. The physical exam findings dated June 6, 2013 states the lumbar exam is noted with mild scoliosis, with no palpable tenderness in the lumbosacral spine region. There is no muscle spasm and no rigidity. Reflexes were reported as 0 on the right and left at L4, and 2+ at S1. Straight leg testing was reported as positive at 90 degrees. There was no edema reported. The patient's medications have included, but are not limited to, Kyloic, Glucosamine, Chondroitin, Fish Oil, Vitamin C, and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and Gym Membership (Year): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy.

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 Pain, Gym Membership.

Decision rationale: There are no specific MTUS guidelines that discuss the use of gym membership. Other guidelines as cited above were used. The patient's clinical documents were reviewed. According to the above cited guidelines, The Official Disability Guidelines state in the low back chapter, that gym memberships are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective and there is a need for specific equipment. Plus, this treatment is required to be monitored by medical professionals". The guidelines continue to state, with these unsupervised sessions at the gym, there is no flow of information back to the medical provider, so that modification in the prescription can take place. And as of note, since these sessions are unsupervised there is a risk of further injury to the patient. At this time a gym membership is not considered a medical necessity for the patient. Therefore the request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, Low Back Pain Page(s): 305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the back. MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, diskography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria:- Back pain of at least three months duration.- Failure of conservative treatment.- Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) - Is a candidate for surgery. - Has been briefed on potential risks and benefits from diskography and surgery. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not indicated as a medical necessity to the patient at this time. Therefore the request is not medically necessary.

Spine Specialist Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consults General Approach to Initial Assessment and Documentation, Independent Medical Examinati.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Spine Specialist consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to the clinical documentation provided and current MTUS guidelines; Spine Specialist consultation is indicated as a medical necessity to the patient at this time. Therefore the request is medically necessary.