

Case Number:	CM15-0011405		
Date Assigned:	01/29/2015	Date of Injury:	12/02/2005
Decision Date:	03/27/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 male who reported an injury on 12/02/2005 after falling through an opening in a hopper trailer. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included L4-5 fusion of the lumbar spine and a left total knee replacement. The injured worker's postsurgical treatment included extensive physical therapy, medications, a TENS unit, and activity modifications. The injured worker's diagnoses included low back pain with radicular symptoms, left knee pain, mid back pain, neck pain exacerbated with repeat movement, numbness and tingling of the hands and feet, incontinence of urine, left inguinal hernia, right inguinal hernia, left hip pain, intermittent stomach upset due to medication usage, chronic insomnia due to chronic pain, depression due to chronic pain, and bilateral shoulder pain. The injured worker was evaluated on 11/21/2014. It was documented that the injured worker had cervical spine, thoracic spine, and lumbar spine pain rated at an 8/10. It was noted that the injured worker used a back brace and knee brace to assist with pain control and stability. The clinical documentation submitted for review indicates the injured worker's medications provided reduced pain rated at a 4/10. It was documented that the injured worker would like to participate in conservative treatment before progressive to a spinal cord stimulator trial. Physical findings included restricted range of motion of the lumbar spine with a positive straight leg raising test and Lasegue's test. It was also noted that the injured worker had slight swelling of the left knee and restricted range of motion of the left knee. The injured worker had a positive Patrick faberes test. The injured worker's treatment plan included continuation of medications, aquatic therapy, and a gym membership with a personal trainer to

assist with long term conservative treatment. A Request for Authorization dated 12/04/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six aquatic therapy sessions for the throacic and lumbar spine: 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 rationale: The requested 6 aquatic therapy sessions to the thoracic and lumbar spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require nonweight bearing environments to participate in active therapy. The clinical documentation submitted for review does not provide any indication that the injured worker requires a nonweight bearing environment and cannot participate in land based therapy. As such, the requested 6 aquatic therapy sessions to the thoracic and lumbar spine is not medically necessary or appropriate.

Gym membership trial with personal trainer: 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)

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, Gym Membership

Decision rationale: The requested gym membership trial with personal trainer is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend gym memberships unless there is documentation that the injured worker has failed to respond to a home based exercise program and requires additional equipment beyond what can be provided in the home. The clinical documentation submitted for review does not provide any indication that the injured worker requires extensive specified equipment that can only be provided outside the home in a gym environment. Additionally, the request includes a personal trainer. There is no indication that the injured worker cannot participate in a self directed, self-managed, independent exercise program and requires supervision. As such, the requested gym membership trial with personal trainer is not medically necessary or appropriate.