

Case Number:	CM15-0112372		
Date Assigned:	06/18/2015	Date of Injury:	06/20/2011
Decision Date:	07/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male who sustained an industrial injury on 6/20/11 after slipping injuring his right arm. His initial pain level was 8/10 and he was prescribed medications and modified duty. On 11/14/11, he has arthroscopic Mumford and arthroscopic extensive debridement. He currently complains of constant low back pain with muscle spasms and radiation to bilateral lower extremities right greater than left; right shoulder pain. He had a surgical consult (1/29/15) who recommended a trail of spinal cord stimulation. Medications are Topamax, Senekot, venlafaxine, Protonix, Flexeril, Nucynta, diclofenac cream, nabumetone. Diagnoses include pain in joint shoulder, status post right shoulder surgery (5/16/14); lumbar disc displacement without myelopathy; sprain/ strain of the neck; depression. Treatments to date include aqua therapy that is helpful; physical therapy to the right shoulder with benefit; medications; bilateral sacroiliac joint block (1/22/15) with effect; cognitive behavioral therapy. In the progress note dated 4/29/15, the treating provider's plan of care includes a request for three-month pool membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Membership x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatictherapy Page(s): 22. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Gym Membership.

Decision rationale: The patient presents with lower back pain radiating to lower extremities and right shoulder pain. The request is for pool membership x3 months. The request for authorization is not provided. The patient is status-post arthroscopic Mumford and arthroscopic extensive debridement, 11/14/11. Status-post shoulder surgery, 05/16/14. MRI of the lumbar spine, 05/06/14, shows postsurgical changes L4-5 and L5-S1. Both levels are markedly degenerated and show acute on chronic Modic change. At L4-5 there is a 1 cm right foraminal protrusion which contacts but does not flatten the exiting nerve root. MRI of the right shoulder, 02/14/14, shows intact rotator cuff with history of repair, with mild tendinosis and tendon thickening supraspinatus and infraspinatus. Physical examination of the lumbar spine reveals tenderness to palpation of right lumbar paraspinal musculature. Spasm and guarding is noted in the lumbar spine. Sensation is decreased in right L4, L5 and S1 dermatomes. Examination of the shoulder reveals tenderness to palpation of the right bicipital groove. Initial pain with motion of the right shoulder and range of motion is limited. His previous treatment includes physical therapy, chiropractic treatment, aqua therapy (self-paid), massage therapy (self-paid), acupuncture, TENS, activity modification and oral medications. He has almost completed 9 remaining sessions of physical therapy, with benefit. Patient's medications include Topamax, Senekot, Venlafaxine, Protonix, Flexeril, Nucynta, Diclofenac cream and Nabumetone. Per progress report dated 03/31/15, the patient is temporarily totally disabled. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatictherapy: "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)"ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. "Per progress report dated, 05/14/15, treater's reason for the request is "Given his antalgic gait, inability to walk or bend for prolonged period, the failure of prior land based physical therapy and positive response to pool therapy to provide him access to the pool for independent aqua exercise program to help him decrease his low back as well as shoulder pain and improve his tolerance towards his activities. " Given the patient's condition, a short course of therapy would be indicated. However, there is no indication the patient to be extremely obese, or discussion as to why the patient cannot participate in traditional weight-bearing exercises. Additionally, there are no details nor discussion about the need for the use of specialized equipment such as a pool and the medical necessity for a pool is not established. Furthermore, there are no plans for medical supervision at the gym. ODG does not support gym memberships unless there is a need for a special equipment such as a pool to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request is not medically necessary.