

Case Number:	CM15-0174087		
Date Assigned:	09/15/2015	Date of Injury:	05/21/2010
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 38 year old male, who sustained an industrial injury on 5-21-2010. He reported a low back injury from repetitive heavy lifting activities. Diagnoses include lumbago, lumbar herniated nucleus pulposus, and pain. Treatments to date include activity modification, medication management, chiropractic therapy, and physical therapy. Currently, he complained of an episode of tightness and spasms to mid-thoracic region and to the neck. He reported he was undergoing the last three sessions of physical therapy for a lumbar sprain with improvement in decreased pain and increased range of motion noted. On 8-4-15, the physical examination documented no tenderness with palpation to lumbar muscles however there were muscle tightness on the left side noted. The plan of care included completion of physical therapy and a year membership to a [REDACTED] for pool access. The appeal requested authorization for one year self-directed aquatic therapy at the [REDACTED] for myalgia and lumbar radiculopathy. The Utilization Review dated 8-1-15, denied the request indicating the documentation submitted did not support medical necessity per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year of self-directed aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, one year self-directed aquatic therapy is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbago; L4 - L5 and L5 - S1 HNP per MRI; and psoas pain. The date of injury is May 21, 2010. Request for authorization is dated August 12, 2015. According to an August 4, 2015 progress note, the injured worker has ongoing, although improved low back pain. The injured worker receives physical therapy. The total number of physical therapy sessions is not specified. Objectively, there is no tenderness palpation, but tightness along the left musculature. The treatment plan requests a one-year self-directed aquatic therapy program at the [REDACTED]. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. There are no compelling clinical facts in the medical record to support a one-year self-directed aquatic therapy program. The worker should be well versed in the exercises performed during physical therapy/aquatic therapy (unknown number) to engage in a home exercise program with or without a pool. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy/aquatic therapy sessions to date, no documentation demonstrating objective functional improvement, no compelling clinical facts indicating additional physical therapy over the recommended guidelines and guideline non-recommendations for gym memberships (Official Disability Guidelines), one year self-directed aquatic therapy is not medically necessary.