

Case Number:	CM15-0176993		
Date Assigned:	09/17/2015	Date of Injury:	09/12/2012
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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: Pennsylvania, Ohio, 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 57 year old female, who sustained an industrial injury on 9-12-2012. Medical records indicate the worker is undergoing treatment for status post cervical 5-7 anterior cervical discectomy and fusion, lumbar spondylosis, lumbar 4-5 stenosis, bilateral carpal tunnel release, left shoulder contusion, left knee sprain-strain, left shoulder impingement and left lumbar 5 to sacral 1 radiculopathy. A recent progress report dated 7-16-2015, reported the injured worker complained of right knee pop and right knee pain, mild neck pain, left shoulder pain and low back pain. Physical examination revealed normal gait and lumbosacral tenderness with "moderately diminished lumbar range of motion". Lumbar magnetic resonance imaging showed multilevel disc desiccation. A Psychology report from 7-23-2015 reported the injured worker complained with obsessive thinking, weight gain, hopelessness, tearfulness and depressed mood and anxiety. Treatment to date has included physical therapy, bilateral wrist splints, left knee immobilizer, cervical epidural steroid injections, psychology services, Ibuprofen, Soma and Hydrocodone. On 8-4-2015, the Request for Authorization requested [REDACTED] membership for water aerobics exercise program 1x1 and [REDACTED] weight loss program. On 8-11-2015, the Utilization Review noncertified the request for [REDACTED] membership for water aerobics exercise program 1x1 and [REDACTED] weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■ membership for water aerobics exercise program 1x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Gym Membership.

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 / Gym Memberships.

Decision rationale: ODG recommends gym memberships as a medical prescription only when a documented home exercise program attempt has failed and there is a need for equipment not available at home. The records in this case do not document such a situation, nor do the records document an alternate rationale for this request. Therefore, this request is not medically necessary.

■■■■ weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annuals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends consultation with another professional if this may be beneficial in managing a patient's treatment. In this case, it is unclear if the requested treatment program is medically supervised; without medical supervision, there is no mechanism to apply a guideline to this request as a form of medical treatment. Therefore, this request is not medically necessary.