

Case Number:	CM15-0067040		
Date Assigned:	04/21/2015	Date of Injury:	03/13/2014
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 43-year-old male who sustained an industrial injury on 03/13/2014. Diagnoses include sprain/strain of the lumbar region and pain in joint: upper arm, forearm and lower leg. Treatment to date has included medications, cognitive behavioral therapy, acupuncture, massage therapy and aqua therapy. Diagnostics included x-rays and MRIs. According to the progress notes dated 3/6/15, the Injured Worker reported lower back, leg, ankle, shoulder, penile and bilateral arm pain. He complained of several headaches per week and that his bilateral upper extremities 'fall asleep' at random. A request was made for a six month gym membership with a pool so the IW can continue with exercises on his own.

IMR ISSUES, DECISIONS AND RATIONALES

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

One six month gym membership with a pool: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury more than one year ago when, while working as a landscaper, he was unloading a large heavy slab of stone. He continues to be treated for widespread pain affecting multiple body areas. When seen, he had completed physical therapy treatments. Physical examination findings included a near ideal body weight with a normal neurological and musculoskeletal examination. He was noted to carry a cane but did not use it for ambulating. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. If any membership to a pool is covered, coverage should be continued if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there are no identified comorbidities that would be expected to limit the claimant's ability to participate in conventional land-based exercise or identified need for specialized equipment. There is no documented prescribed exercise program being followed. Therefore, the requested six month gym membership with a pool is not medically necessary.