

Case Number:	CM15-0072925		
Date Assigned:	04/23/2015	Date of Injury:	12/23/2013
Decision Date:	05/22/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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 45 year old male, who sustained an industrial injury on December 23, 2013. The injured worker was diagnosed as having status post lumbar laminectomy with fusion, urinary incontinence and probable incisional hernia. Treatment and diagnostic studies to date have included aqua therapy, gym program, lumbar surgery and medication. A progress note dated February 20, 2015 provides the injured worker complains of shoulder, abdominal, back and leg pain. He is post-operative lumbar fusion and was progressing but had a setback due to urinary tract infection (UTI) resulting in hospitalization. He is reported to be gradually improving. He rates his average pain to be 5/10. Physical exam notes well healed lumbar surgical scar and abdominal hernia with tenderness. The plan includes resuming aqua therapy and gym program and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resume Aqua Therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The patient is status post anterior and posterior lumbar instrumentation and fusion on 09/15/14. The Request for Authorization is dated 03/09/15 and requests aqua therapy, gym program, re-evaluation in 4-6 weeks. The current request is for RESUME AQUA THERAPY FOR THE LUMBAR SPINE. The MTUS Guidelines postsurgical physical medicine page 25 and 26 recommends 34 visits over 6 weeks following a fusion surgery. According to progress report 02/20/15, the patient is gradual improving and is currently participating in physical therapy. Examination revealed well heal incision and evidence of an abdominal hernia. The treating physician recommended that the patient "resume aqua therapy and a gym program." The patient is currently wheelchair bound and is "very unstable on his lower extremities secondary to pain and weekends." This patient may benefit from aqua therapy; however, the Utilization review letter dated 03/16/15 states that the patient was certified 18 aqua therapy sessions on 1/09/15 and the current request is for an unspecified number of additional sessions. An open-ended request for therapy cannot be supported. This request IS NOT medically necessary.

Gym Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, gym membership.

Decision rationale: The patient is status post anterior and posterior lumbar instrumentation and fusion on 09/15/14. The Request for Authorization is dated 03/09/15 and requests aqua therapy, gym program, re-evaluation in 4-6 weeks. The current request is for GYM PROGRAM. Regarding gym memberships, the ODG Guidelines, low back chapter under gym membership states, "Not recommended as a medical prescription unless he documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." ODG further states that treatment must be monitored by medical professionals. According to progress report 02/20/15, the patient is gradual improving and is currently participating in physical therapy. Examination revealed well heal incision and evidence of an abdominal hernia. The treating physician recommended that the patient "resume aqua therapy and a gym program." The patient is currently wheelchair bound and is "very unstable on his lower extremities secondary to pain and weekends."The treater has not provided a reason for this request. The ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective; and there is a need for equipment. In addition, treatment needs to be monitored and administered by a medical professional. In this case, there is no discussion regarding failed home exercise program, the need for special equipment or plans for medical supervisor at the gym. This request IS NOT medically necessary.

