

Case Number:	CM15-0078623		
Date Assigned:	04/29/2015	Date of Injury:	03/23/2010
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68 year old female, who sustained an industrial injury on 3/23/2010. She reported injury after falling down a flight of concrete stairs. The injured worker was diagnosed as having lumbosacral fusion, post-lumbar laminectomy syndrome, lumbar radiculopathy and lumbar disc disease. There is no record of a recent diagnostic study. Treatment to date has included surgery and medication management. In a progress note dated 4/9/2015, the injured worker complains of low back pain and left lower extremity radicular pain with tingling down both legs. The treating physician is requesting 12 physical therapy visits and a gym membership with access to a pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate this patient has attended both pre-surgical and post-surgical therapy. Guidelines recommend 9-10 visits over 8 weeks for back pain. The requested 12 visits are in excess of guideline recommendations. As such, the request for 12 Physical Therapy Visits is not medically necessary.

1 Gym Membership with Access to a Pool: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership and Other Medical Treatment Guidelines http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state, "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with "active self-directed home Physical Medicine". Concerning the request for pool therapy, the last documented height and weight was 5'1" and 167 lbs. The patient was recently approved for 6 additional physical therapy sessions. The treating physician has not provided documentation of the necessity of a gym membership for this patient, there is not documentation of specific equipment that would require a gym membership. Although the patient's BMI appears to be 31, they do not meet guidelines recommendations of extreme obesity. As such, the request for 1 Gym Membership with Access to a Pool is not medically necessary.

