

Case Number:	CM15-0093818		
Date Assigned:	05/20/2015	Date of Injury:	12/27/2011
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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 43-year-old female, who sustained an industrial injury on 12/27/11. The injured worker was diagnosed as having pain in the joint of the ankle and foot, pain in the joint of the lower leg, chronic pain syndrome, and lumbosacral spondylosis without myelopathy. Treatment to date has included physical therapy, the use of a walker, injections, and medications including Flector patches and Meloxicam. Conservative measures were noted to not be helpful or have lasting improvement in pain or functional improvement. Currently, the injured worker complains of bilateral hip pain, bilateral knee pain, and bilateral ankle pain. The treating physician requested authorization for additional physical therapy 3 x 3 for the hip post injection and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional physical therapy 3 times a week for 3 weeks to the hip post injection:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient additional physical therapy three times per week times three weeks to the hip post-injection is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are a joint ankle and foot; pain in joint lower leg; chronic pain syndrome; encounter long-term use other medications; lumbosacral spondylosis without myelopathy. Documentation from April 10, 2015 progress note states the treating provider is requesting a trochanteric bursa injection. The discussion includes three physical therapy sessions specifically to create a home exercise program. The request for authorization contains a request for three physical therapy sessions for three weeks (9 sessions) with no clinical indication or rationale. There is a discrepancy between the progress note request and the request for authorization. Additionally, there is no documentation regarding prior physical therapy, total number of physical therapy sessions to date and evidence of objective functional improvement with physical therapy. There is no compelling clinical documentation in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with confirmation of physical therapy sessions required, prior physical therapy to date, evidence of objective functional improvement of prior physical therapy and compelling clinical documentation indicating additional physical therapy is warranted, outpatient additional physical therapy three times per week times three weeks to the hip post-injection is not medically necessary.

Gym membership: 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), 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) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, 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. In this case, the injured worker's working diagnoses are a joint ankle and foot; pain

in joint lower leg; chronic pain syndrome; encounter long-term use other medications; lumbosacral spondylosis without myelopathy. Documentation from April 10, 2015 progress note states the treating provider is requesting a trochanteric bursa injection. There is no clinical indication or rationale for gym membership. Moreover, gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations for gym memberships and no clinical documentation of a clinical rationale, gym membership is not medically necessary.