

Case Number:	CM14-0140363		
Date Assigned:	09/10/2014	Date of Injury:	11/10/1998
Decision Date:	10/22/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year old female who reported an injury on 11/10/1998. The mechanism of injury was not specified. Her diagnoses included bilateral knee degenerative joint disease, lumbar spondylosis, bilateral pronated feet/foot degenerative joint disease, and cervicothoracic spondylosis. Her treatments consisted of gait training and a lumbar brace. Her diagnostics, and surgeries were not provided. The note from 05/09/2014 noted that the injured worker was able to maintain functional capacity with aquatic exercises. On 08/01/2014 the injured worker reported neck and low back pain radiating down to her right leg, persistent bilateral knee pain, and no improvement of bilateral foot pain. The physical examination revealed lumbar extension decreased to 10 degrees with pain and decreased bed mobility. Her medication included Topamax 25mg. The treatment plan was for Aquatic Gym Membership x3 months. The rationale for request was so that she can increase core strength and flexibility. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Gym Membership times 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114-116.
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 Official Disability Guidelines (ODG), Low Back, Gym Memberships

Decision rationale: Based on the clinical information submitted for review, the request for Aquatic Gym Membership x3 months is not medically necessary. As stated in the Official Disability Guidelines, 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 treatment in a gym needs to be monitored and administered by medical professionals. Also, there is no information feedback to the physician so that changes can be made to the prescription and there may be risk of further injury to the patient. The injured worker reported neck and low back pain with bilateral knee and foot pain. It was noted that she was doing independent aquatic exercises for several months. The guidelines indicate that treatment in a gym needs to be monitored and administered by medical professionals and there is a risk of further injury. Furthermore, the physician is not getting feedback to make necessary changes to the prescription. There is a lack of documentation indicating the need for a gym membership as opposed to continuation of the treatment as it has been being done. The documentation indicates the injured worker has been doing independent aquatic exercises at a high school; however, there is a lack of documentation indicating the progress the injured worker has made with this exercise. As such, the request for Aquatic Gym Membership x3 months is not medically necessary.