

<b>Case Number:</b>	CM13-0027266		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Family Medicine and is licensed to practice in California. 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:

This is a 60 year old male who reported an industrial injury on 8/6/2010, over four years ago, to the neck, right shoulder, low back and bilateral knees. The patient has been treated conservatively and surgically for the effects of the industrial injury. The patient is diagnosed with cervical thoracic strain/arthrosis and possible neural encroachment; right shoulder impingement syndrome versus mild glenohumeral joint arthrosis; bilateral CTS; lumbosacral sprain/arthrosis; right knee degenerative arthrosis; status post prior meniscectomy; left knee degenerative arthrosis status post arthroscopy; psychiatric complaint; hypertension; headaches; dental issues. The treatment plan included a gym membership for one year; a referral to a total joint specialist; Prilosec; and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Pool Membership for one year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 299-301; 15-16; 94, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) back chapter-PT and exercises; aerobic exercises gym memberships; neck and upper back chapter--PT; exercise; aerobic exercise.

**Decision rationale:** There is no rationale provided that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening. The patient has not been demonstrated to be participating in HEP. Aquatic therapy or a gym membership is not recommended for maintenance therapy when the patient is able to participate in land-based exercise. There is no demonstrated medical necessity for requested GYM/POOL membership for 12 months over the recommended self-directed HEP. Strengthening of the back, neck, and knees does not require exercise machines or pool therapy and is not medically necessary as opposed to the land based self directed home exercise program recommended by the CA MTUS 4 years after the DOI. The request for a GYM/pool membership for the patient for his chronic low back, neck, or knee pain was not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program for continued conditioning and strengthening. The patient has been documented to receive a substantial amount of physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested gym/pool membership x one year. There is no evidence provided that the patient is precluded from land-based exercises. The use of pool therapy is clearly available to the patient on an independent basis as a preferred exercise; however there is no evidence that it is medically necessary over the recommended HEP. The treating physician did not provide subjective/objective evidence to support the medical necessity of the GYM/pool membership for the treatment of the patient's low back, neck, or knee pain issues over the recommended participation in a self-directed home exercise program. The patient has been provided with a significant number of sessions of physical therapy on this industrial claim and the additional sessions requested exceed the recommendations of evidence-based guidelines. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of a Pool or GYM membership or supervised exercise program for the cited diagnoses. There is no objective evidence to support the medical necessity of a GYM/POOL membership or supervised exercise program over the recommended self-directed home exercise program. The Official Disability Guidelines do not specifically address the use of Pool/Gym memberships for treatment of the back and state that "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The use of gym memberships or advanced exercise equipment without supervision by a health professional is not recommended. The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The patient will continue to benefit from an exercise program for her continued conditioning; however, there is no provided objective evidence that this is

accomplished with the addition of a supervised exercise program for an unspecified period of time. The ability to increase conditioning and strengthening is not dependent upon a gym membership but upon exercise in general. Patients are counseled to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Once the instructions or exercises are learned, the patient may exercise on their own with a self-directed home exercise program. Self-directed home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The available clinical records do not demonstrate a significant functional deficit that would support the medical necessity of a formal pool or gym membership. The patient is not documented to participate in a self directed HEP for the required stretching, strengthening, and conditioning as recommended by the ACOEM Guidelines and has demonstrated functional improvement without the use of sophisticated gym equipment. The patient has been provided with instructions to integrate into in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There was no subjective/objective medical evidence provided to support the medical necessity for the requested pool/gym membership over a self-directed home program. Given the above the request is not medically necessary.

**Possible Total joint Specialist Referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine , chapter 7 page 127;Official Disability Guidelines (ODG) Knee chapter---knee arthroplasty.

**Decision rationale:** The request for the authorization of an orthopedic surgeon for a total knee replacement evaluation of the knee is not supported with the objective findings documented. There is no objective evidence to support the medical necessity of a TKA. The patient is s/p knee arthroscopy and is receiving viscosupplementation-Synvisc to the knee. The patient has not been demonstrated to have a surgical lesion based on the objective findings on examination. There is no provided rationale for an orthopedic consultation for a possible TKA as the patient has not demonstrated the criteria recommended by evidence based guidelines for the provision of a total knee arthroplasty. There is no recommendation by the pQME for a total joint replacement at this time. The objective findings documented to the left knee in the provided clinical records do not demonstrate the medical necessity for surgical intervention. The requested for the evaluation of the left knee with an orthopedic surgeon for total joint replacement is not supported with any objective evidence or rationale in any clinical documentation. There are no documented x-rays demonstrating medial compartment narrowing, or MRI documentation of the stage of OA or chondromalacia. The examination of the patient as documented on the provided clinical documentation does not support the medical necessity of the requested consultation directed to the knee. The patient is not documented to have any specific objective findings on examination that would support the medical necessity of the requested consultation with a joint replacement surgeon. There is no rationale by the provider to support the medical necessity of the requested

consultation with a joint replacement surgeon. Given the above the request is not medically necessary.

**Prilosec #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain; NSAIDs.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with the prescribed medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed Relafen was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole (Prilosec) 20 mg #60. Given the above the request is not medically necessary.

**Zanaflex #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxant Page(s): 128, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain; muscle relaxants; cyclobenzaprine.

**Decision rationale:** The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are no muscle spasms documented by the requesting provider while treating chronic thoracic spine sprain/strain. The patient is prescribed Tizanidine/Zanaflex 4 mg

#90 on a routine basis routinely for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. There is no documented functional improvement with the prescription of Zanaflex. The patient is prescribed Zanaflex for muscle spasms to the lower back. The CA MTUS does recommend Tizanidine for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic back pain. Given the above the request is not medically necessary.