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| Case Number: | CM13-0040963 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 11/18/2010 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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 patient is a 32 year old injured worker with a date of injury of 11/28/10. The patient injured the low back while performing duties as a prep cook on 11/18/10. Treatments have included medications, TENS, chiropractic care, physical therapy, and injections to the low back. The patient had an AME on 5/14/13 that made recommendation which included a 1 year gym membership in a facility that has a pool for aqua therapy. The prior UR denied this request on 4/10/13. The Report dated 09/09/13 reveals that the claimant has lower back pain which increases when rising to a standing position. The patient is able to walk without difficulty but sitting down results in increased back pain. On exam, anteflexion of the trunk on the pelvis is 50 degrees, extension 10 degrees, rotation of the left and right 20 degrees and lateral flexion to right and left 10 degrees. There are spasm and tenderness over the thoracic and lumbar areas. The provider recommends continuation of pain patches 1-3 per day, manipulation under anesthesia, one year gym membership in a facility that has a pool so that the claimant can pursue the aquatic therapy recommended by [REDACTED] on AME and trial of a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership in a facility that has a pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic, Gym Membership.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." The Official Disability Guidelines (ODG) states that "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." Documentation submitted reveals that the patient has had physical therapy. At this point the patient should be well versed in a home exercise program that can include exercise with or without mechanical resistance. There is no documentation that the patient needs specialized equipment or a need for a pool and therefore gym membership with a facility that has a pool. The request for a one year gym membership in a facility that has a pool is not medically necessary and appropriate.